

W22000001530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

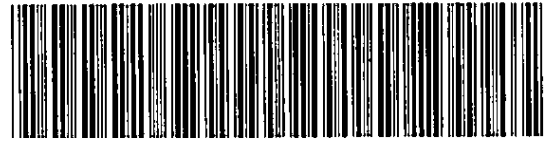
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2022 FEB -9 AM 12:43
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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MASSE' INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Clifford R. Ennico, Esq.
Name (Printed or typed)

2490 Black Rock Turnpike # 354
Address

Fairfield, Connecticut 06825-2400
City, State & Zip

(203) 254 1727
Daytime Telephone number

CRENNICO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2022 FEB -9 AM 12:43
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MASSE' INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>5713 Sea Turtle Place</u> <u>Apollo Beach, Florida 33572</u> _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: fund raising and distribution for human services (NTEE Code P12), and other
charitable purposes under Section 501(c)(3) of the Internal Revenue Code. The Corporation shall not engage, otherwise than
as an insubstantial part of its activities, in activities that in themselves are not in furtherance of one or more Section 501(c)(3)
exempt purposes. Upon dissolution, the Corporation's remaining assets will be used exclusively for Section 501(c)(3) exempt
purposes, or transferred to an organization exempt from tax under Section 501(c)(3).

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Raissa B. Levy, President and Director</u>	Name and Title: _____
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Address: <u>5713 Sea Turtle Place</u>	Address: _____
<u>Apollo Beach, Florida 33572</u>	_____

Name and Title: <u>Stuart S. Levy, V.P. and Director</u>	Name and Title: _____
--	-----------------------

Address: <u>5713 Sea Turtle Place</u>	Address: _____
<u>Apollo Beach, Florida 33572</u>	_____

Name and Title: <u>Bernie Bonnant, Director</u>	Name and Title: _____
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Address: <u>11401 Dr Martin Luther King Jr St N.</u>	Address: _____
<u>Apt. 1410</u>	_____
<u>St. Petersburg, Florida 33716</u>	_____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Raissa B. Levy - - - - -
Address: 5713 Sea Turtle Place
Apollo Beach, Florida 33572

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Raissa B. Levy
Address: 5713 Sea Turtle Place
Apollo Beach, Florida 33572

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

DocuSigned by:

Raissa Levy

BA4FD894C5F4457

Required Signature of Registered Agent

01/03/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

Raissa Levy

BA4FD894C5F4457

Required Signature of Incorporator

01/03/2022

Date

2022 FEB -9 AM 12:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2022

CLIFFORD R ENNICO, ESQ
2490 BLACK ROCK TURNPIKE #354
FAIRFIELD, CT 06825-2400

SUBJECT: MASSE INC.
Ref. Number: W22000005493

We have received your document for MASSE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 722A00001279

Thank you, Karen -- I have corrected on the attached.

Clifford R. Ennico
(203) 254-1727
cennico@gmail.com

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