

**P00000029830**

Requester's Name

**EXECUTIVE OFFICES OF ROSA & ASSOC. INC.**  
**7310 W. McNab Road Suite #209**  
**Tamarac, FL 33321**

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
400003175394--5  
-03/20/00--01123--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
00 MAR 20 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FL. WARDMORE MAR 24 2000**

Examiner's Initials

FILED

00 MAR 20 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

**SORCI ENTERPRISES, INC.**

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The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**SORCI ENTERPRISES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**2641 SW CAMEO BLVD.  
PORT ST. LUCIE, FL 34953**

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100**

**ARTICLE IV INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

**DENNIS R. SORCI**

**ARTICLE V - INCORPORATORS**

The names and address of the person(s) signed these Articles of Incorporation are as follows:

Name: DENNIS C. SORCI  
Address: 2641 SW CAMEO BLVD  
City: PORT ST. LUCIE

State: FL

Zip: 34053

Name:  
Address:  
City:

State:

Zip:

Name:  
Address:  
City:

State:

Zip:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_ day of \_\_\_\_ 200\_\_

Dennis C. Sorci (Seal)  
\_\_\_\_ (Seal)  
\_\_\_\_ (Seal)

STATE OF Florida ) SS  
COUNTY OF Broward

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

DENNIS C. SORCI

Known to me and known to the be person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before that HE executed these Articles Of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 9 day of March, 2000

Michelle Rosa-Gonzalez  
(Notary Public, State of Florida at large)

(Notary Seal)

My Commission expires: April 26, 2002



**B. Officers:**

**President:** DENNIS C. SORCI  
**Address:** 2641 SW CAMEO BLVD  
PORT ST. LUCIE, FL 34953

**Vice President:**  
**Address:**

**Secretary:** DENNIS C. SORCI  
**Address:** 2641 SW CAMEO BLVD.  
PORT ST. LUCIE, FL 34953

**Treasurer:**  
**Address:**

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**Name and Street address of Florida registered agent:**

**Name:** DENNIS C. SORCI  
**Office Address:** 2641 SW CAMEO BLVD  
**City:** PORT ST. LUCIE **State:** FL **Zip:** 34953

**Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

**Registered agent's signature:** *Dennis C. Sorci*

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department Of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

*Dennis C. Sorci*  
(Signature of Chairman, Vice Chairman, or any officer listed in application)

PRESIDENT/SECRETARY  
(Name and capacity of person signing application)

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

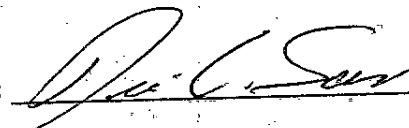
1. The name of the corporation is:  
SORCI ENTERPRISES, INC.
2. The name and address of the registered agent and office is:

DENNIS C SORCI  
(Name)

2641 SW CAMEO BLVD

(P.O. Box NOT Acceptable)

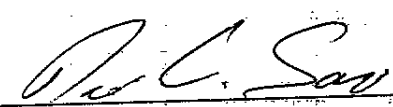
PORT ST. LUCIE, FL 34953  
(City/State/Zip)

Signature: 

Title: PRESIDENT

Date: \_\_\_\_\_

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: 

Date: \_\_\_\_\_

REGISTERED AGENT FILING FEE: \$35.00

FILED  
00 MAR 20 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA