

TRANSMITTAL LETTER  
**P0000072509**

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

20000338572--3  
-07/27/00--01078--004  
\*\*\*\*\*129.50 \*\*\*\*\*87.50

SUBJECT: Alessandrini & Sons, 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 of  
Status

Check # 1610  
\$129.50

ADDITIONAL COPY REQUIRED

FROM: Paul Alessandrini  
Name (Printed or typed)

6921 122nd Ave. East  
Address

Parrish, FL 34219  
City, State & Zip

941-321-6279  
Daytime Telephone number

FILED  
00 JUL 27 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

7-31  
WC

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Alessandrini & Sons, Inc.

FILED  
00 JUL 27 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6921 122<sup>nd</sup> Ave. East  
Parrish, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Paul Alessandrini (President, Director)  
6921 122<sup>nd</sup> Ave East Treasurer.  
Parrish, FL 34219

Kelli Alessandrini (Vice-President)  
6921 122<sup>nd</sup> Ave. East (Secretary)  
Parrish, FL 34219

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Robert Alessandrini  
4442 Meadow Creek Circle  
Sarasota, FL 34233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul Alessandrini  
6921 122<sup>nd</sup> Ave. East  
Parrish, FL 34219

\*\*\*\*\*  
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

Robert Alessandrini  
Signature/Registered Agent

7-24-00  
Date

Paul Alessandrini  
Signature/Incorporator

7-24-00  
Date