POCOS 105807

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

SUBJECT:	IANITELLI ANI	o Associates	, INC.		
(Proposed corporate name - must include suffix)					
		-D1.3	-11/09/000 *****78.75)1053005 *****78.75	
			deduction (OF CO		
Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a	check for:		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:		inted or typed)			
	1010 BONIT		·		
	ALTAMONTE & City,	SHLM6S, FL, Z State & Zip SQIF elephone number	<u>52114</u>	FILED STATE SECRETARY OF STATE OF CORPORATIONS	

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

Juli3/00

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ARTIC	LES	OF	INCO	RPO	RATI	ON

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	SECRETARY DIVISION OF C	OKI OIII
ARTICLE I NAME	00 NOV -9	111 0-10
The name of the corporation shall be:		
IANITELLI AND ASSOCIATES, INC.		
ARTICLE II PRINCIPAL OFFICE	. . .	
The principal place of business and mailing address of this corporation shall be:		
1010 BOUTTA DR. ACTAMONTE SPRINGS, FL. 32714		
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstanding	at any one time	is:
1,000		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDI	RESS	
The name and Florida street address of the initial registered agent are: DON A. IANITELLI		
1010 BONITA DR. ALTAMONTE SPRINGS, PL. 32714		
ARTICLE V INCORPORATOR	•	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:		
DOW IANITELLI		
1010 BONTA DR.		
ALTAMONTE SPLINGS, FL. 32114		
11/100		
Signature/Incorporator	Date	
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(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of pro	
this certificate, Lhereby accept the appointment as registered agent	and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete p	erformance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	,
obligations of my position as registered agent	11/1/08
Signature/Registered Agent	Date
	•