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TRANSMITTAL LETTER

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

500004484735--3
-07/18/01--01074--007
*****70.00 *****70.00

SUBJECT:

Bartorillo & Associates, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Nona M. Bartorillo

Name (Printed or typed)

1179 Mistwood Ave

Address

Tarpon Springs, FL 34688

City, State & Zip

727 945-9296

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FL 32304

01 JUL 18 AM 11:23

FILED

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

7-20-01
10-04-01
10-04-01

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Bartorillo & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1179 Mistwood Drive Tarpon Springs, FL 34688

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 ADDRESS

The name and Florida street address of the initial registered agent are:

Nona M. Bartorillo 1179 Mistwood Drive
Tarpon Springs, FL 34688

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:


Signature/Incorporator

7/12/01
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

7/12/01
Date

FILED
01 JUL 18 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA