

TRANSMITTAL LETTER

P01000113405

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

800004694168--0
 -11/26/01--01096--002
 *****78.75 *****78.75

SUBJECT: Joseph Angelo Carini Inc.
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

ADDITIONAL COPY REQUIRED

FROM: Joseph A. Carini
 Name (Printed or typed)

1711 Hideaway Forest Trail
 Address

New Smyrna Beach, Florida 32168

City, State & Zip

386 316-7457

Daytime Telephone number

EFFECTIVE DATE
12-01-01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 NOV 26 PM 2:50

FILED

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

T. Burch NOV 29 2001

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S. (PROFIT)

ARTICLE I NAME

The name of the corporation shall be:

JOSEPH ANGELO CARINI INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL "FOR PROFIT" ENDEAVOR

SHARES ARTICLE IV

The number of shares of stock is:

FIVE HUNDRED SHARES (500)

ARTICLE V INITIAL OFFICERS/DIRECTORS

JOSEPH A. CARINI PRESIDENT
1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

ARTICLE VI REGISTERED AGENT

JOSEPH A. CARINI
1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

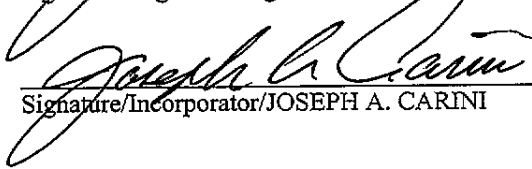
JOSEPH A. CARINI
1711 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FLORIDA 32168

ARTICLE VIII DATE OF INCORPORATION

THE EFFECTIVE DATE OF INCORPORATION SHALL BE DECEMBER 1, 2001

.....
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.


Signature/Registered Agent/JOSEPH A. CARINI


Signature/Incorporator/JOSEPH A. CARINI

Nov 21 2001
Date

Nov 21 2001
Date

FILED
01 NOV 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE
12-01-01