

TRANSMITTAL LETTER

Presto

SUBJECT: Presto Clothing Alterations, 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: Salvatore Cristiano
Name (Printed or typed)

601 Stanford Dr
Address

800006472818--3
-07/17/02--01049--021
*****87.50 *****87.50

Altamonte Springs, FL 32714
City, State & Zip

(407) 774-2282
Daytime Telephone number

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

FILED
02 JUL 17 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Presto Clothing Alterations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

business → 792 NSR 434 Ste #118
Altamonte Springs, FL 32714

mailling
601 Stanford Dr.
Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To allow Presto Clothing Alterations the ability to act and have liability separate from its owners.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Nancy Cristiano
601 Stanford Dr.
Altamonte Springs, FL 32714
president & Secretary

Salvatore Cristiano
601 Stanford Dr.
Altamonte Springs, FL 32714
Vice president & treasury

ARTICLE VI REGISTERED AGENT

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

Salvatore Cristiano
601 Stanford Dr
Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Salvatore Cristiano
601 Stanford Dr
Altamonte Springs, FL 32714

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

Signature/Incorporator

Date

Date

FILED
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TALLAHASSEE FLORIDA
SECRETARY OF STATE