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TRANSMITTAL LETTER

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

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-10/10/02--01078--009
*****87.50 *****87.50

SUBJECT: Phantom Fireworks of Cocoa Incorporated

(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: William G. Micco

Name (Printed or typed)

7350 South US#1

Address

Port St.Lucie Florida 34952

City, State & Zip

772-340-0730

Daytime Telephone number

FILED
02 OCT 10 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

g/10/11

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:

Phantom Fireworks of Cocoa Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3935 West Highway 520 Cocoa, Fl.32926

Mailing address: 7350 South US#1 Port St.Lucie Fl.34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
retail

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

William G. Micco 407 SE Duff Court Port St.Lucie Fl.34984 President

Ronald A. Carabbia 7350 South US#1 Port St.Lucie Fl.34952 Vice-President

ARTICLE VI REGISTERED AGENT

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

Glen Smith 2647 Harem Circle Port St.Lucie Fl. 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William G. Micco

407 SE Duff Court Port St.Lucie Fl. 34984

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

Glen Smith

Date

Signature/Incorporator

William G. Micco

Date

FILED
02 OCT 10 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA