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12-2-02

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: ROBERTO MOTTA, INC.

I ENCLOSE AN ORIGINAL AND 1 COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT OF \$78.75 IN ORDER TO FORM THE ABOVE REFERENCED CORPORATION AS OF DECEMBER 31, 2002

FROM:

ROBERTO MOTTA
4773 CAMPHOR AVENUE
SARASOTA, FLORIDA 34231
(941) 924-1040

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ARTICLES OF INCORPORATION
OF
ROBERTO MOTTA, INC.

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

ROBERTO MOTTA, INC.

ARTICLE II - PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

4773 CAMPHOR AVENUE
SARASOTA, FLORIDA 34231

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CAROL LYNN MONVILLE, C.P.A.
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239

ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

ROBERTO MOTTA, INC.
4773 CAMPHOR AVENUE
SARASOTA, FLORIDA 34231

ARTICLE VII - EFFECTIVE DATE

PURSUANT TO SECTION 607.0123 OF THE FLORIDA STATUTES, THE EFFECTIVE DATE OF THIS DOCUMENT SHALL BE:

DECEMBER 1, 2002

THE UNDERSIGNED HAS EXECUTED THE ARTICLES OF CORPORATION THIS 18TH DAY OF NOVEMBER 2002



ROBERTO MOTTA
INCORPORATOR

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

ROBERTO MOTTA, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

CAROL LYNN MONVILLE, C.P.A.
2300 BEE RIDGE ROAD, SUITE 301
SARASOTA, FLORIDA 34239

SIGNATURE:

Carol Lynn Monville, C.P.A.

TITLE:

C.P.A.

DATE:

11-18-02

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT 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:

Carol Lynn Monville, C.P.A.

DATE

11-18-02

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