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# TRANSMITTAL LETTER

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

SUBJECT:		Varia Elena D'AMICO INC  (Proposed corporate name - must include suffix)			
Enclosed is ar	ı origina	rroposed corporation (Proposed corporation)			
☐ \$7 Filing	0.00	<ul><li>■K\$78.75</li><li>Filing Fee</li><li>&amp; Certificate of Status</li></ul>	,   \$78.75   Filing Fee   & Certified Copy   ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ाम	ROM:	Maria Elera D'AMICO	INC	-	
,	Name (F	rinted or typed)			
	•	Address			
		LUTZ, FL 33549	)		
	•	City,	State & Zip		
		813 230-4091		· 	
Daytime Telephone number					

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

## 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: Maria Elena MICO INC

### ARTICLE II PRINCIPAL OFFICE

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

16105 DARNELL ROAD LUTZ, FL 33549

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGIS	STERED AGENT A	ND STREET
ADDRESS		

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

Marin Dena D'Amico 16105 Darnell Road

# ARTICLE V INCORPORATOR

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

Maria Elema D'Amico 16105 Darnell Road Lutz, FL 33549

Signature/Incorporator

\_2/10/03

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

Date