

PO300000 60261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

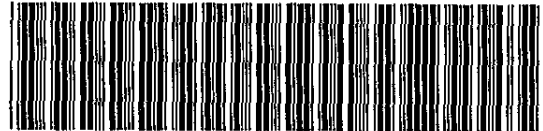
GAVE

AUTHORIZATION BY PHONE TO

CORRECT Name, Art. 1

DATE 6-3-03

DOC. EXAM. [Signature]



700018804867

06/15/03--01037--001 \*\*70.00

RECEIVED  
FALL RIVER, MA  
JUL 15 2003

03 MAY 15 AM 10:26

FILED

W03-14778

6-3-03  
[Signature]

## TRANSMITTAL LETTER

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

SUBJECT: Robert Vincent  
(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: Robert Vincent  
Name (Printed or typed)

10639 W. Atlantic Blvd.

Address

Coral Springs, Fl 33071

City, State & Zip

954-817-7285

Daytime Telephone number

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

**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:

VINCENT ROBERT, CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10639 W. Atlantic Blvd.  
Coral Springs, Fl 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Remodeling

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Paul M. Pacitti - President

**ARTICLE VI REGISTERED AGENT**

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


Paul M. Pacitti  
10639 W. Atlantic Blvd.  
Coral Springs, Fl 33071

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Paul M. Pacitti  
10639 W. Atlantic Blvd.  
Coral Springs, Fl 33071

\*\*\*\*\*  
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

5-13-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5-13-03  
\_\_\_\_\_  
Date

FILED  
03 MAY 15 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA