



TRANSMITTAL LETTER

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

SUBJECT: CASTELLO BROTHERS ENTERPRISES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: ANGELO E. CASTELLO  
Name (Printed or typed)

2770 NE 15TH STREET  
Address

FORT LAUDERDALE, FL. 33304  
City, State & Zip

(954) 229-0500  
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)

**FILED**

03 JUL 14 AM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Castello Brothers Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2770 NE 15TH STREET  
FORT LAUDERDALE, FL. 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ANGELO E. CASTELLO, PRESIDENT  
2770 NE 15TH STREET  
FORT LAUDERDALE, FL. 33304

JAMES CASTELLO, VICE PRESIDENT, SECRETARY  
7300 NAUTICA WAY  
LAKE WORTH, FL. 33467

ARTICLE VI REGISTERED AGENT

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

JAMES CASTELLO  
7300 NAUTICA WAY  
LAKE WORTH, FL. 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES CASTELLO  
7300 NAUTICA WAY  
LAKE WORTH, FL. 33467

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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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date