

P03000144204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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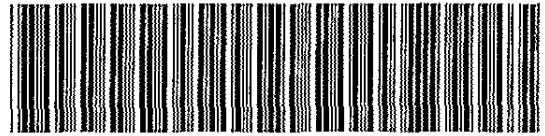
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

A.H.
12-4-03

TRANSMITTAL LETTER

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

SUBJECT: Johnny Talarico, Inc.
(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: Johnny Talarico
Name (Printed or typed)

1620 N 14th Street
Address

Fernandina Beach FL 32034
City, State & Zip

904-491-1190
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:

Johnny Talarico, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1620 N. 14th Street
Fernandina Beach, FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: one (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Johnny Talarico President
1620 N. 14th Street
Fernandina Beach, FL 32034

ARTICLE VI REGISTERED AGENT

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

Johnny Talarico
1620 N. 14th Street
Fernandina Beach, FL 32034

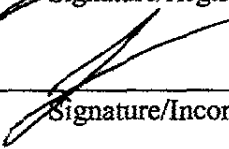
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Johnny Talarico
1620 N. 14th Street
Fernandina Beach, FL 32034

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 11-25-03


Signature/Incorporator
Date 11-25-03

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SECRETARY OF STATE
TALLAHASSEE FLORIDA