## P040003778

(Re	equestor's Name)	
	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

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

SUBJECT: <u>J. N</u>	M. Carbone Inc.		
	(PROPOSED CORPORA)		
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	" \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: 🔽	1390 Hibiscus a	(Printed or typed)  Address	
	V Fort Myers City, 239 772 -5288 Daytime T	FC 33903 State & Zip	

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: xanna M. Grianani 1931 SE 37 Terrace Cape Coral, FL. 33904 INCORPORATOR The name and address of the Incorporator is: 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 anti-accept the appointment as registered agent and agree to act in this capacity Signature/Registered/A

ARTICLES OF INCORPORATION

Signature/Incorporator