

P04000117672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

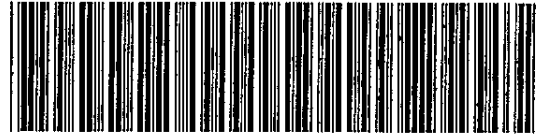
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BART COLUCCI, 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: BART COLUCCI

Name (Printed or typed)

17178 69TH STREET NORTH

Address

LOXAHATCHEE, FLORIDA 33470-6001

City, State & Zip

(561) 753-7295

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:

BART COLUCCI, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17178 69TH STREET NORTH
LOXAHATCHEE, FLORIDA 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE LANDSCAPE SERVICES AND SALES

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BART COLUCCI, PRESIDENT, SECRETARY, DIRECTOR
17178 69TH STREET NORTH, LOXAHATCHEE, FLORIDA 33470

DAISY COLUCCI, TREASURER, DIRECTOR
17178 69TH STREET NORTH, LOXAHATCHEE, FLORIDA 33470

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BART COLUCCI
17178 69TH STREET NORTH
LOXAHATCHEE, FLORIDA 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BART COLUCCI
17178 69TH STREET NORTH
LOXAHATCHEE, FLORIDA 33470

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

AUGUST 10, 2004

Date



Signature/Incorporator

AUGUST 10, 2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA