

P04000127052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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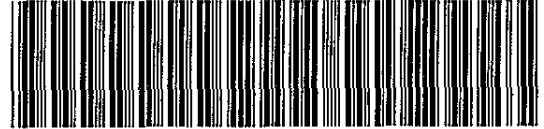
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/04--01035--015 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TA 9/3/04

TRANSMITTAL LETTER

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

SUBJECT: WELLINGTON LAWN SALON, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Armand Norelli
Name (Printed or typed)

306 Wood-Ridge Street
Address

Wood-Ridge, NJ 07075
City, State & Zip

(201) 438-5223
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:

Wellington Lawn Salon, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13932 Morning Glory Drive, Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Landscaping

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Armand Mastandrea, President
13932 Morning Glory Drive
Wellington, FL 33414

Barbara Norelli, VP
306 Wood-Ridge Street
Wood-Ridge, NJ 07075

Armand Norelli, Secty./Treas.
306 Wood-Ridge Street
Wood-Ridge, NJ 07075

ARTICLE VI REGISTERED AGENT

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

Armand Mastandrea
13932 Morning Glory Drive
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Armand Norelli
306 Wood-Ridge Street
Wood-Ridge, NJ 07075

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

ARMAND J. MASTANDREA



Signature/Incorporator

ARMAND A. NORELLI

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/20/04
Date

8/20/04
Date