

P04000160898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

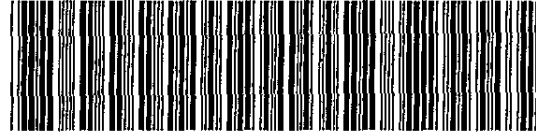
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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11/30/04
SA

TRANSMITTAL LETTER

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

SUBJECT: CICCARELLO INVESTMENT CORP.

(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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ELLEN CICCARELLO

Name (Printed or typed)

20500 COT RD #401

Address

LUTZ, FL, 33558

City, State & Zip

813-949-2101

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:

CICCARELLO INVESTMENT CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20500 COT RD. #401 LUTZ, FL 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROPERTY AND STOCK VENTURES

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):

ELLEN CICCARELLO, 20500 COT RD, #401, LUTZ, FL 33558
PRESIDENT/TREASURER

ARTICLE VI REGISTERED AGENT

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

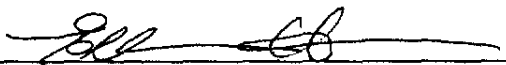
ELLEN CICCARELLO, 20500 COT RD. #401, LUTZ, FL 33558

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELLEN CICCARELLO, 20500 COT RD. #401, LUTZ, FL 33558

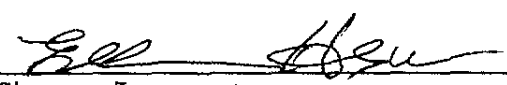
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/18/04

Date



Signature/Incorporator

11/18/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA