

P05000022848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

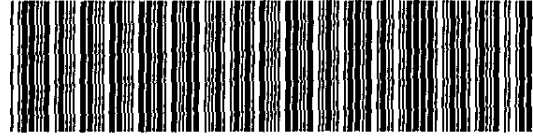
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 16 AM 8:03

D. Brown MAY 19 2005

# TRANSMITTAL LETTER

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

**SUBJECT:** Michael Crisafulle, 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:** Michael Crisafulle

Name (Printed or typed)

511 South East Coast Street

Address

Lake Worth, Florida 33460

City, State & Zip

(561) 547-5701

Daytime Telephone number

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

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**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:

Michael Crisafulle, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

511 South East Coast Street  
Lake Worth, Florida 33460

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

General Contractor

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Michael Crisafulle, President  
26 West Cypress Road  
Lake Worth, Florida 33467

**ARTICLE VI REGISTERED AGENT**

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

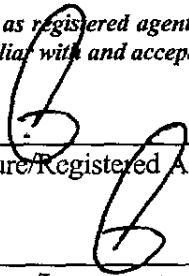
Michael Crisafulle  
511 South East Coast Street  
Lake Worth, Florida 33460

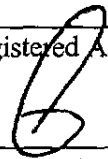
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael Crisafulle  
511 East Coast Street  
Lake Worth, Florida 33460

\*\*\*\*\*  
*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

  
\_\_\_\_\_  
Signature/Incorporator

5-12-16  
\_\_\_\_\_  
Date

5-12-16  
\_\_\_\_\_  
Date