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(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(00	cument Number)		
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## TRANSMITTAL LETTER

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

SUBJECT:	Christophic P. D. (PROPOSED CORPORA)	Deyryorio. Inc te name- <u>must incl</u>	UDE SUFFIX)	
Enclosed are an orig  570.00 Filing Fee	rinal and one (1) copy of the articular articu	cles of incorporation and \$78.75 Filing Fee	l a check for:  \$87.50 Filing Fee,	]
Ü	& Certificate of Status	& Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Christopher P. Name  262 S.E. Edg	,		05
	<b>1</b>	Address 3499 State & Zip	<u> </u>	05 JUL 19 KM 9: 3.
	1-772 - 215 - ( Daytime T	elephone number		F. W.

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Christopher P. Degregorio, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 262 South EAST Edgewood STUMT, FLORIDA 34996 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To do business in the STATE OF FLURIDA ARTICLE IV\_ SHARES\_ The number of shares of stock is: stares of \$1.00 Par value Common Stock MAXIMUM 500 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Christopher P. Degregorio 262 S.E. Edgewood Drive STUNT, FL. 34996 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Christopher P. Deyreyorio 262 SE Edgewood Dr. STUNCT. FL 34996

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

07/04/05

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

ARTICLES OF INCORPORATION