

PD5000127894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200059539462

05 SEP 16 AM 8:57

FILED

05 SEP 16 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/19/05  
BWK

## COVER LETTER

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

SUBJECT: Donato Nozzolillo 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: Donato Nozzolillo

Name (Printed or typed)

2984 41 st st sw

Address

Naples Florida 34116

City, State & Zip

239-258-5869

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:

Donato Nozzolillo Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2984 41 st st sw Naples Florida 34116

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General handy man work

### ARTICLE IV SHARES

The number of shares of stock is:

1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Donato Nozzolillo 2984 41 st st sw Naples Florida 34116

### ARTICLE VI REGISTERED AGENT

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

Donato Nozzolillo 2984 41 st st sw Naples florida 34116

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donato Nozzolillo 2984 41 st st sw Naples Florida 34116

\*\*\*\*\*

*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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FILED

05 SEP 16 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA