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| (R | equestor's Name) | | |
|---|---------------------|-----------|--|
| (A | ddress) | <u> </u> | |
| | | | |
| (Ac | ddress) | | |
| (Ci | ity/State/Zip/Phone | · #) | |
| | | | |
| PICK-UP | TIAW [| MAIL | |
| | | | |
| _ (Bu | usiness Entity Nam | ne) | |
| | | | |
| (De | ocument Number) | | |
| Certified Copies | Cartificates | of Status | |
| Certified Copies | Cerunicates | U Status | |
| Special Instructions to Filing Officer: | | | |
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CIED

COVER LETTER

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

| SUBJECT: | ince Lamattina (PROPOSED CORPORA | Two. ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
|----------------------|------------------------------------|-------------------------------------|---------------------------------|
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | l a check for: |
| \$70.00 | \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, |
| | & Certificate of Status | & Centified Copy | Certified Copy & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | Vince | e (Printed or typed) | |
| | 6607 Shining | Sun Ct. Address | |
| | Tampa, FL City | 33634 , State & Zip | |
| | 813-385 | - 4847 Telephone number | <u>.</u> |
| | Daytime | refebuoue unmoer | |

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

| ARTICLE I NAME , | |
|--|---|
| The name of the corporation shall be: | |
| Vince LaMattiva Inc. | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 6607 Shining Sun Ct. Tampa FL 33634 | FILED SEP 23 MIN: 37 TALLANASSEE, TLORIDA |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | 92 3 |
| Real Estate Sales é Invesments. | 000 |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 100,000 | |
| · | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | |
| President | |
| Vince La Mattina | |
| vince Laitallina | |
| | |
| ARTICLE VI REGISTERED AGENT | *** |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the reg | gistered agent is: |
| 6607 Shining Sun Ct tampa, Fb 33634 | |
| Vince La Mattina | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Vince La Mattina | |
| 6607 Shining Sun Ct, 33634 | |
| ************************************** | ****** |
| Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to c | |
| la I mus | |
| Signature/Registered Agent | Date |
| 12 7 165 | |
| Signature/Incorporator | Date |
| | |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)