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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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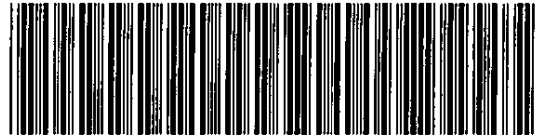
(Business Entity Name)

(Document Number)

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06 JUN 26 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pa

## COVER LETTER

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

**SUBJECT:** Mazzi's Home Restoration, 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      ☒ \$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:** Anthony Mazzi

Name (Printed or typed)

3440 West Burgundy Dr.

Address

Citrus Springs, FL 34433

City, State & Zip

352.489.7172

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:

Mazzi's Home Restoration, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3440 West Burgundy Dr., Citrus Springs, FL 34433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is:

100 @ \$1.00

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

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

Anthony Mazzi, President

Tracy L. Mazzi, Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Anthony Mazzi  
3440 West Burgundy Dr.  
Citrus Springs, FL 34433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Anthony Mazzi  
3440 West Burgundy Dr.  
Citrus Springs, FL 34433

\*\*\*\*\*

*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

FILED  
06 JUN 26 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-23-06  
\_\_\_\_\_  
Date

6-23-06  
\_\_\_\_\_  
Date