

P06880144435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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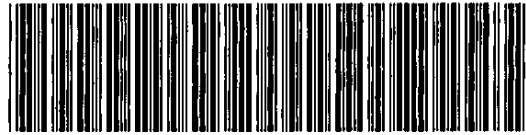
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11-16-06
2000-91-11

COVER LETTER

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

CIFELLI & INVESTMENTS, P.A.

SUBJECT: _____
(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

NICOLE M CIFELLI

FROM: _____
Name (Printed or typed)

P.O. BOX 24044

Address
TAMPA, FLORIDA 33623-4044

City, State & Zip
813-426-2337

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:

CIFELLI & INVESTMENTS, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**P.O. BOX 24044
TAMPA, FLORIDA 33623-4044**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THE PURPOSE OF THE CORPORATION IS BEING ORGANIZED FOR REAL ESTATE
SALES**

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

**NICOLE M CIFELLI
5520 CARROLLWOOD KEY DRIVE
TAMPA, FLORIDA 33624**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**NICOLE M CIFELLI
5520 CARROLLWOOD KEY DRIVE
TAMPA, FLORIDA 33624**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

**NICOLE M CIFELLI
5520 CARROLLWOOD KEY DRIVE
TAMPA, FLORIDA 33624**

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.

✓ Nicole M. Cifelli
Signature/Registered Agent

✓ 10-12-06
Date

✓ Nicole M. Cifelli
Signature/Incorporator

✓ 10-12-06
Date

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TALLAHASSEE, FLORIDA