

PO700000 24882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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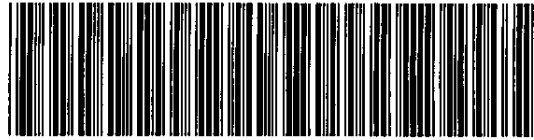
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 FEB 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: AMADEO ANDRES MAZZOLINI P.A.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: AMADEO ANDRES MAZZOLINI
Name (Printed or typed)

1849 S OCEAN DR # 214
Address

HALLANDALE, FLORIDA, 33009
City, State & Zip

786-290-5055
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2007

AMADEO ANDRES MAZZOLINI
1849 S OCEAN DR # 214
HALLANDALE, FL 33009

SUBJECT: AMADEO ANDRES MAZZOLINI P.A.
Ref. Number: W07000005999

We have received your document for AMADEO ANDRES MAZZOLINI P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 507A00008804

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:

AMADEO MAZZOLINI P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18100 NE 19 AVE. # 100 NORTH MIAMI BEACH FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AMADEO ANDRES MAZZOLINI
1849 S. OCEAN DR. # 214
HALLANDALE FL, 33009
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

LIDIA CAPRIOTTI
1849 S. OCEAN DR # 214
HALLANDALE FL, 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AMADEO ANDRES MAZZOLINI
18100 NE 19 AVE. #100
NORTH MIAMI BEACH FL, 33162

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

02/17/2007

Date

Signature/Incorporator

02/17/2007

Date

FILED
07 FEB 23 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA