

P07000038053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

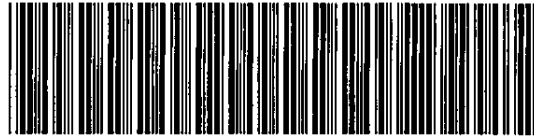
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA

COVER LETTER

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

SUBJECT: Andy & Son Delivery & Moving, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

FROM: JOHN A. SCIFU
Name (Printed or typed)

Scifo Financial Services, Inc
1489 Palm Coast Parkway Suite #5
Palm Coast, FL 32137

City, State & Zip

386 446 0317
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:

Andy & Son Delivery & Moving, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

24 Wynnfield Dr
Palm Coast, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Moving Services

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):

Andrew DiGaetano
24 Wynnfield Dr
Palm Coast, FL 32164

ARTICLE VI REGISTERED AGENT

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

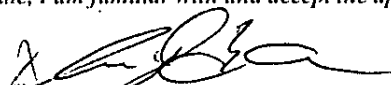
Andrew DiGaetano
24 Wynnfield Dr
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

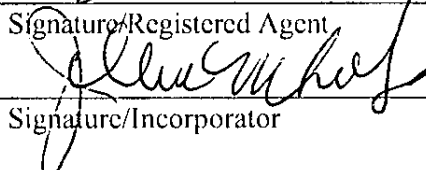
The name and address of the Incorporator is:

John M. Scifo
1489 Palm Coast Parkway NW
Palm Coast, FL 32137

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

3-22-07

Date

3/23/07

Date

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TALLAHASSEE, FLORIDA