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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

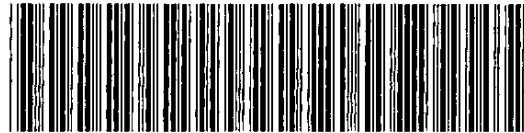
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/07--01038--020 **78.75

APPROVED
AND
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07 SEP -6 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Instant Assistant 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Nicholas - Catherine Colavecchio
Name (Printed or typed)

21510 Halstead Drive
Address

Boca Raton, FL 33428
City, State & Zip

561-306-7878
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:

Instant Assistant Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*21510 Halstead Drive
Boca Raton, FL 33428*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Personal Concierge 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):

*Nick Colavercchio President
Catherine Colavercchio Vice-President
21510 Halstead Drive, Boca Raton,
FL 33428*

ARTICLE VI REGISTERED AGENT

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

*Catherine Colavercchio
21510 Halstead Drive
Boca Raton, FL 33428*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Nick Colavercchio
21510 Halstead Dr
Boca Raton, FL 33428*

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]

Signature/Registered Agent

[Signature]

Signature/Incorporator

9/4/07
Date
9/4/07
Date
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07 SEP -6 PM 12:45

APPROVED
AND
FILED