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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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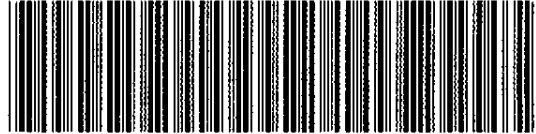
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: Perella, 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: Nancy J. Perella  
Name (Printed or typed)

5400 NW Emblem St.  
Address

Port St. Lucie, FL 34983  
City, State & Zip

772-971-3299  
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:

~~POT~~ Perella, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5400 NW Emblem St.  
Port St. Lucie, FL 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

New business

**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):

Nancy J. Perella, President, Secty - 5400 NW Emblem St. PSL, FL 34983  
Ronald P. Perella - Vice Pres. + Treas. "

**ARTICLE VI REGISTERED AGENT**

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

Nancy J. Perella  
5400 NW Emblem St, PSL, FL 34983

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Nancy J. Perella  
5400 NW Emblem St, PSL, FL 34983

\*\*\*\*\*

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

8/22/08

Date

8/22/08

Date

FILED  
08 SEP - 2 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA