

PO9000040453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

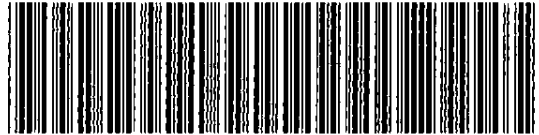
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200146744912

03/25/09--01008--019 **87.50

FILED

2009 MAY -1 P 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: ALFIERI & ASSOCIATES, 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
Status

ADDITIONAL COPY REQUIRED

FROM: MARK ALFIERI
Name (Printed or typed)

1610 STICKNEY PT RD #102
Address

SARASOTA FL. 34231
City, State & Zip

949 939 3847
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
09 MAY -1 PM 2:40

March 31, 2009

MARK ALFIERI
1610 STICKNEY POINT RD #102
SARASOTA, FL 34231

SUBJECT: ALFIERI & ASSOCIATES, INC.
Ref. Number: W09000015052

We have received your document for ALFIERI & ASSOCIATES, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L08000011132 (ALFIERI AND ASSOCIATES, LLC).

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) 245-6913.

Diane Cushing
Document Specialist Supervisor

Letter Number: 709A00010827

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:

~~ALFIERI & ASSOCIATES INC~~
ALFIERI & ASSOCIATES APPRAISAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

1610 STICKNEY Pkwy RD #102
SARASOTA FL. 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT: MARK ALFIERI
1610 STICKNEY Pkwy RD #102
SARASOTA FL. 34231

ARTICLE VI REGISTERED AGENT

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

MARK ALFIERI
1610 STICKNEY Pkwy RD #102
SARASOTA FL. 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK ALFIERI
1610 STICKNEY Pkwy RD #102
SARASOTA FL. 34231

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

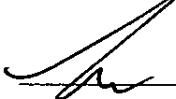


MARK ALFIERI

Signature/Registered Agent

3/20/09

Date



MARK ALFIERI

Signature/Incorporator

3/20/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY - 1 P 12:16

FILED