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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		:

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2009 DEC 21 P 4: 01
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

THE 22 ZOUS

COVER LETTER

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

SUBJECT: FRESU	LICORP		
	(PROPOSED CORPORA	TE NAME – <u>MÜST INCL</u>	<u>UDE SUFFIX</u>)
			'
Enclosed are an orig	ginal and one (1) copy of the art	icles 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
		ADDITIONAL CO	Status PPY REQUIRED
EDOM: RE	NE A SOLIZ		
ГКОМ. <u></u>	Name	e (Printed or typed)	
603	9 SHALLOWS WAY		
		Address	,
NAI	PLES FL 34109	Chair B. 71:	·
	City,	State & Zip	
239	-398-1351		
	Daytime T	Celephone number	
	SPCINCOME TAX G HO E-mail address: (to be use	otmple. Com d for future annual report r	
	E-mail address: (to be use	d for future annual report r	notification)

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: FRESOLI COR	F			
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 6039 SHALLOWS WAY, NA	PLES FL 34109ALLAHAS			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	TALLAHASSEE. FLORIDA			
ARTICLE IV SHARES The number of shares of stock is: /OO	P UP STATI			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): RENE A. SOLIZ (D) PRESIDENT ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SERVICIOS PARA LATINOS 6006 RADIO RD. NAPLES, FL 34104 (239) 643-2832				
RENE A. SOL'2 6039 SHACLOWS WAY NAPLES FE 34109 ************************************	****************			
Having been named as registered agent to accept service of process place designated in this certificate, I am familiar with and accept to agree to act in this capacity				
Certo esto	12/14/2009			
Signature/Registered Agent	Date			
and Miss	12/14/2009			
Signature/Incorporator	Date			
- ·				