P10000009743

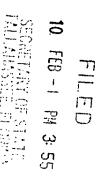
(Requestor's Name)		
•		
(Address)		
(Address)		
•		
(City/State/Zip/Phone #)		
(e.g.e.a.a.a.p., yene ny		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Consideration to Fill to Off		
Special Instructions to Filing Officer:		





900166275169

02/01/10--01017--013 **87,50



2-2-10 %

COVER LETTER

(

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

3CD0EC1	JO FINANCIAL Services,	INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	icles of incorporation and a check for.		
☐ \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
		, · ·	
FROM: AIFRED. C.	ARDOLINO	5	
Name	(Printed or typed)		
336 GOIFVIEW	1 R.D. UNIT 416	B. Carlo	
Α	Address		
North Palm Beach, Fl. 33408			
•	•		
561-50	02-3857		
Daytime Te	elephone number		
E-mail address: (to be used	d for future annual report 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: A. C. ARDOLINO FINANCIAL SCRUCES, INC.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 336 Golfview RD. Unit 416 North Palm Beach, F1. 33408 ARTICLE III PURPOSE The purpose for which the corporation is organized is: FINANCIAL CONSULTING Services
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
AIFRED C. ARDOLINO, PRESIDENT 336 GOIFVIEW RD. UNIT 416 NORTH PAIM BEACH, Fl. ARTICLE VI REGISTERED AGENT The most of Florida State of Control
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: 336 GOIFVIEW RD. UNIT 416 AIFRED C. ARDOLIN
North Palm Beach. Fl. 33408
The name and address of the Incorporator is: AIFNED C. ARD INO
336 GOIFVIEW RD. UNIT 416 North PAlm F1.33408
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 Date
Signature/Incorporator Date