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TALLAHASSEE, FLORIDA

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2-17-10
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COVER LETTER

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

SUBJECT: Donna M. Quatromoni, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Donna M. Quatromoni

Name (Printed or typed)

26 Royal Palm Way Suite 402

Address

Boca Raton, Florida 33432

City, State & Zip

(561) 394-7822

Daytime Telephone number

workoutone@aol.com

E-mail address: (to be used 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: *DONNA M. Quatromoni, INC.*

ARTICLE II PRINCIPAL OFFICE

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

*26 ROYAL PALM WAY,
Suite 402
Boca Raton, FL 33432*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is: *1,000,000 Shares @ 14 PAR*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*26 ROYAL PALM WAY
Suite 402
BOCA RATON, FL 33432*

*DONNA M. Quatromoni, President
DONNA M. Quatromoni, Secretary
DONNA M. Quatromoni, Treasurer*

ARTICLE VI REGISTERED AGENT

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

*DONNA M. Quatromoni
26 ROYAL PALM WAY, Suite 402
BOCA RATON, FL 33432*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*DONNA M. Quatromoni,
26 ROYAL PALM WAY, Suite 402
BOCA RATON, FL 33432*

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

Donna M. Quatromoni

Signature/Registered Agent

February 11, 2010

Date

Donna M. Quatromoni

Signature/Incorporator

February 11, 2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA