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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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COVER LETTER

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

SUBJECT: LONG ISLAND PERFORMANCE, 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:

VINCENT MALAVOLTA

Name (Printed or typed)

2177 NW 29th STREET

Address

OAKLAND PARK, FLORIDA 33311

City, State & Zip

954-778-2414

Daytime Telephone number

VINCENTMALAVOLTA@YAHOO.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:

LONG ISLAND PERFORMANCE INC.

ARTICLE II PRINCIPAL OFFICE

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

2177 NW 29th St, OAKLAND PARK, FL. 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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):

VINCENT MALAVOLTA, PRESIDENT
2177 NW 29th St, OAKLAND PARK, FL. 33311

ARTICLE VI REGISTERED AGENT

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

VINCENT MALAVOLTA,
2177 NW 29th St, OAKLAND PARK, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VINCENT MALAVOLTA
2177 NW 29th St, OAKLAND PARK, FL 33311

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

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA