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(City/State/Zip/Phone #)

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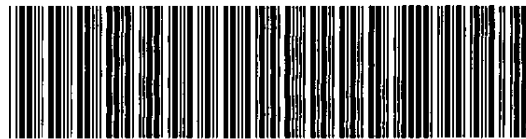
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2010 JUN 17 PM 2:26

6/18/10

## COVER LETTER

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

**SUBJECT:** Barbara A. Cacchione Consulting, 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:** Barbara A. Cacchione

Name (Printed or typed)

475 Sawgrass Place

Address

Sanibel, Florida 33957

City, State & Zip

239-287-1428

Daytime Telephone number

bcacchione@comcast.net

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE  
DIVISION OF CORPORATIONS

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## **ARTICLE I NAME**

The name of the corporation shall be:

Barbara A. Cacchione Consulting, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

475 Sawgrass Place

Sanibel, Florida 33957

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consultant for strategic planning, grant writing, & planning studies

## **ARTICLE IV SHARES**

The number of shares of stock is:

10

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Barbara A	475 Sawgrass	Sanibel	FL	President
Cacchione	Place			

## **ARTICLE VI REGISTERED AGENT**

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

Barbara A. Cacchione

475 Sawgrass Place

Sanibel, Florida 33957

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Barbara A. Cacchione

475 Sawgrass Place

Sanibel, Florida 33957

\*\*\*\*\*

*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*

*Barbara A. Cacchione*

Signature/Registered Agent

*Barbara A. Cacchione*

Signature/Incorporator

*June 12, 2010*

Date

*June 12, 2010*

Date