

P10080081804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

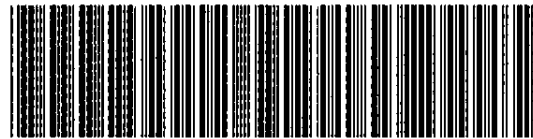
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400185374864

10/04/10--01021--005 **78.75

FILED
2010 OCT -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-7-10
23

COVER LETTER

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

SUBJECT: Arnold Avenue Holding Corp.

(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: a Michael Pedone

Name (Printed or typed)

a 2939 Tiburon Blvd. E

Address

a Naples, FL 34109

City, State & Zip

a 239 253 2678

Daytime Telephone number

a Mikefl3255@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:

Arnold Avenue Holding Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2939 Tiburon Blvd. E

Naples, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

May engage in any activity of business permitted under the laws of the United States of America and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 shares with a par value of none

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Pedone President

Address: 2939 Tiburon Blvd. E

Naples, FL 34109

Name and Title: Michael Pedone Vice President

Address: 2939 Tiburon Blvd. E

Naples, FL 34109

Name and Title: Barbara Pedone Sect./Treas.

Address: 2939 Tiburon Blvd. E

Naples, FL 34109

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Pedone

Address: 2939 Tiburon Blvd. E

Naples, FL 34109

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Michael Pedone

Address: 2939 Tiburon Blvd. E

Naples, FL 34109

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



Required Signature/Registered Agent

Sept. 30, 2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

Sept. 30, 2010

Date

FILED
2010 OCT -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA