

P110000035587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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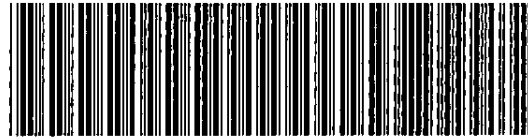
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 11 PM 4:18

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COVER LETTER

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

SUBJECT: DECARLO PROPERTY MANAGEMENT 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: WILLIAM A ADAMS
Name (Printed or typed)

13100 PINE BOROUGH LANE
Address

PALM BEACH GARDENS FLORIDA 33418
City, State & Zip

561-626-9096
Daytime Telephone number

adamswilliams@bellsouth.net
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 DECARLO PROPERTY MANAGEMENT INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
405 SW 2ND STREET
OKEECHOBEE FLORIDA 34974

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LEGAL AND LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANK DECARLO PRESIDENT
Address: 1768 SW 6TH STREET
OKEECHOBEE FLORIDA 34974

Name and Title: _____
Address: _____

Name and Title: SARAH RENO
Address: 8793 SW 68TH STREET
OKEECHOBEE FLORIDA 34974

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:

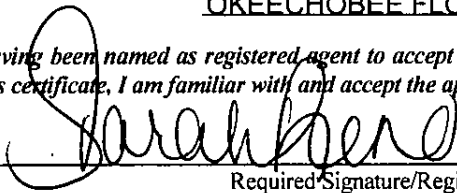
Name: SARAH RENO
Address: 405 SW 2ND STREET
OKEECHOBEE FLORIDA 34974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANK DECARLO
Address: 1768 SW 6TH STREET
OKEECHOBEE FLORIDA 34974

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

MARCH 30, 2011
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

MARCH 30, 2011
Date

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TALLAHASSEE, FLORIDA
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