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(Business Entity Name)

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COVER LETTER

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

SUBJECT: SICILIAN FIRE
(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: JOSEPH A. TORNELLO
Name (Printed or typed)
1710 SW 68TH AVENUE
Address
PLANTATION FL 33317
City, State & Zip
(954) 581-3211
Telephone number
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -2 PM 2:30

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:

SICILIAN FIRE, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1710 SW 68th AVENUE
PLANTATION FL 33317****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**

Name and Title:

Address:

**JOSEPH R. TORNELLI
1710 SW 68th AVENUE
PLANTATION FL 33317**

Name and Title:

Address:

Name and Title:

Address:

**JOSEPH RUBINO V.P.
853 NW 80th WAY
PLANTATION FL 33324**

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:

Address:

**JOSEPH R. TORNELLI
1710 SW 68th AVENUE
PLANTATION FL 33317****ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name:

Address:

**JOSEPH R. TORNELLI
1710 SW 68th AVENUE
PLANTATION FL 33317**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

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

Required Signature/Incorporator

Date

2011 MAY -2 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/27/2011

4/27/2011