

P110000055119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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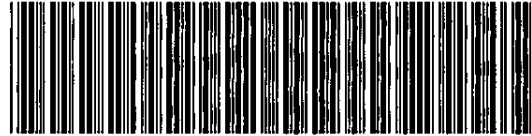
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUN 10 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL 32310

SC
6-13-11

COVER LETTER

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

SUBJECT: OAKDALE Property 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: Victor Pepitone
Name (Printed or typed)

585 S.E. ST LUCIE BLVD.
Address

STUART FL 34996
City, State & Zip

772-634-2208
Daytime Telephone number

FES INC@COMCAST.NET
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: OAK DALE Property INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

585 S.E. ST LUCIE BLVD
STUART FL 34996

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OWN AND RENT OUT PROPERTY

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Seta President Name and Title: _____
Address: 801 17th Ave. North Secretary Address: _____
ST Petersburg FL 33704

Name and Title: VICTOR Pepitone vice president Name and Title: _____
Address: 585 S.E. ST LUCIE BLVD Address: _____
STUART FL 34996 TREASURER

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: VICTOR Pepitone
Address: 585 S.E. ST LUCIE BLVD
STUART FL 34996

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR Pepitone
Address: 585 SE. ST LUCIE BLVD.
STUART FL 34996

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]
Required Signature/Registered Agent

6/7/11
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.

[Signature]
Required Signature/Incorporator

6/7/11
Date

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TALLAHASSEE, FLORIDA