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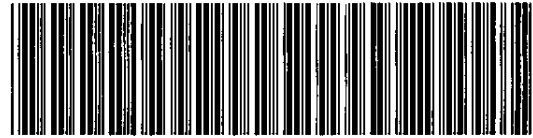
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 AUG -9 PM 2:30

gr 8/10/11

BEST OF ITALY TOURS, INC.
2500 EAST LAS OLAS BLVD. #1409
FT. LAUDERDALE, FL. 33301

COVER LETTER

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

SUBJECT: BEST OF ITALY TOURS, 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: HAROLD J. PARETI
Name (Printed or typed)

2500 EAST LAS OLAS BLVD. #1409
Address

FT. LAUDERDALE, FL. 33301
City, State & Zip

(954) 224-6288
Daytime Telephone number

hpareti@aol.com
E-mail address: (to be used for future annual report notification)

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

2011 AUG -9 PM 2:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: BEST OF ITALY TOURS, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2500 EAST LAS OLAS BLVD.
#1409
FT. LAUDERDALE, FL. 33301

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE GUIDED TOURS OF ITALY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD J. PARETI; PRESIDENT
Address: 2500 EAST LAS OLAS BLVD.
#1409
FT. LAUDERDALE, FL. 33301

Name and Title: _____

Address: _____

Name and Title: SHARON L. PARETI; SECRETARY
Address: TREASURER
2500 EAST LAS OLAS BLVD. #1409
FT. LAUDERDALE, FL. 33301

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: HAROLD J. PARETI
Address: 2500 EAST LAS OLAS BLVD. #1409
FT. LAUDERDALE, FL. 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HAROLD J. PARETI
Address: 2500 EAST LAS OLAS BLVD. #1409
FT. LAUDERDALE, FL. 33301

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

Harold J Pareti

Required Signature/Registered Agent

8/5/11

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.

Harold J Pareti

Required Signature/Incorporator

8/5/11

Date