

SEP. 20. 2011 2:55PM

CAPITAL CONNECTION

NO. 7104 P.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H110002299173)))

EFFECTIVE DATE 9-19-11



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
11 SEP 20 AM 11:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

A.D. White Glove Service, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

Ps 9/20/11

9/20/2011

SEP. 20. 2011 12:55PM

CAPITAL CONNECTION

NO. 7104 P. 2

COVER LETTER

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

SUBJECT: A.D. White Glove Service, 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: David M. Tedone

Name (Printed or typed)

5307 Myrtle Lane

Address

Naples, FL 34113

City, State & Zip

239-963-9260

Daytime Telephone number

dmtvt1@gmail.com

E-mail address: (to be used for future annual report notification)

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

SEP. 20. 2011 12:55PM

CAPITAL CONNECTION

NO. 7104 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

11 SEP 20 AM 11:58

ARTICLE I NAME A.D. White Glove Service, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5307 Myrtle Lane
Naples, FL 34113

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide concierge services, errand services and home watch services

EFFECTIVE DATE 9-19-11

ARTICLE IV SHARES

The number of shares of stock is: 100 shares par value \$5 each common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David M. Tedone, President
Address: 5307 Myrtle Lane
Naples, FL 34113

Name and Title: Ann M. Hills, Vice President
Address: 5307 Myrtle Lane
Naples, FL 34113

Name and Title: David M. Tedone, Treasurer
Address: 5307 Myrtle Lane
Naples, FL 34113

Name and Title: Ann M. Hills, Secretary
Address: 5307 Myrtle Lane
Naples, FL 34113

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: David M. Tedone
Address: 5307 Myrtle Lane
Naples, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David M. Tedone
Address: 5307 Myrtle Lane
Naples, FL 34113

The effective date
of the incorporation
is 9/19/11.

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

David M. Tedone

Required Signature/Registered Agent

September 20, 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.817.133, F.S.

David M. Tedone

Required Signature/Incorporator

September 20, 2011

Date