

P11000108411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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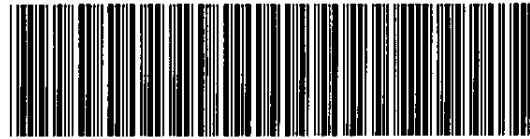
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 27 AM 11:30

PS 12/28/11

## COVER LETTER

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

SUBJECT: **Peter Santolalla 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: **Peter Santolalla**

Name (Printed or typed)

**6000 NW 2nd Ave Apt 139**

Address

**Boca Raton, FL 33487**

City, State & Zip

**561-926-1190**

Daytime Telephone number

**peter@dukhomes.com**

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**

The name of the corporation shall be:

**Peter Santolalla Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6000 NW 2nd Ave Apt 139  
Boca Raton, FL 33487

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Real Estate - Property  
Management**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000 Shares**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Peter Santolalla - President**  
Address: **6000 NW 2nd Ave Apt 139  
Boca Raton, FL 33487**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: **Peter Santolalla**  
Address: **6000 NW 2nd Ave Apt 139  
Boca Raton, FL 33487**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Peter Santolalla**  
Address: **6000 NW 2nd Ave Apt 139  
Boca Raton, FL 33487**


*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

**12/15/2011**

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

**12/15/2011**

Date