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(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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# **COVER LETTER**

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

SUBJECT: Tony Van Inc.	
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee  & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: H J Jenzano & Company Name	(Printed or typed)
4640 N Federal Hwy	
A	Address
Lighthouse Point FI 330	64 State & Zip
954-781-8808 Daytime Te	elephone number
Hjenzano@comcast.net E-mail address: (to be used	for future annual report notification)

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

# H.J. JENZANO AND COMPANY **AUDITORS AND ACCOUNTANTS**

4640 N. Federal Highway Lighthouse Point, Fl. 33064

Ph: 954-781-8808 Fax:954-781-0215

E-Mail Hjenzano@comcast.net

February 6, 2012

Department of State New Filing Section Div of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Ref: New Filing Tony Van Inc.

Dear Representative;

Please be advised that, the newly Incorporated Entity will not revoke the Administrative Dissolution filed September 23,2011.

President

Tony Van Inc.

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

ARTICLE I The name of the corp	— I CHIV VAIII IIIC.		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addre	ess, if different is:
7.8	869 Springvale Drive		·
	ke Worth Fl 33067		
ARTICLE III P	<del>~</del>		
	ich the corporation is organized is:		
All legal Busin	ess Activity		
ARTICLE IV STATE THE number of share	SHARES s of stock is:1000		
ADTICLE II	INITIAL OFFICERS AND/OR DIRECT	MPS	
	e:James A Vandoli/President		
Address:	7869 Springvale Drive	Address:	
Address.	Lake Worth Ft 33467		
	LAKE WORLD PL 33407		
	e:	Name and Title:	
Address:		Address:	
Name and Titl	e:	Name and Title:	
Address:			
ARTICLE VI	REGISTERED AGENT		<b>.</b>
	ida street address (P.O. Box NOT acceptable	e) of the registered agent is:	70 64
Name:	Harry J Jenzano		日 第 .
Address:	4640 N Federal Hwy		o
	Lighthouse Point Fl 33064		A THE
		<del></del>	
	INCORPORATOR		
	ress of the Incorporator is:		o and
Name:	James A Vandoli		224
Address:	7869 Springvale Drive		6
	Lake Worth Fl. 33467		· ·
	l as registered agent to accept service of pro- familiar with and accept the appointment as		
	6		2-1-12
	Required Signature/Registered Agent		2-1-17 Date
I submit this docun	nent and affirm that the facts stated herein	are true. I am aware that the fals	se information submitted in a
document to the Dep	pariment of State constitutes a third degree fo	elony as provided for in s.817.155, i	F.S.
,	$/ \sim -//L+() \Lambda$		9 1
(	front to Vontali		2-6-12
-	Required Signature/Incorporator		Date

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addre	ess, if different is:
	7869 Springvale Drive		
	Lake Worth FI 33067		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
All legal Bu	siness Activity		
ARTICLE IV	SHARES	•	
	hares of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	
	Title: James A Vandoli/President		
Address:	7869 Springvale Drive	Address:	
	Lake Worth FL33467		
Name and	Title:	Name and Title:	
Address:		Address:	
11401035.			
	Title:		
Address:		Address:	<u> </u>
			7 <.
ARTICLE VI			E 25
The <u>name and F</u>	Iorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	<b>人 歌</b>
Name:	Harry J Jenzano	<del></del>	<b>06</b>
Address:	4640 N Federal Hwy		
	Lighthouse Point Fl 33064		4
4 DAYOT B 1771	NYCORDOR 4 MOD		က် 🛂
<u>ARTICLE VII</u>	INCORPORATOR		
	ddress of the Incorporator is:		<b>し、</b> 数数
Name:	James A Vandoli	<del></del>	
Address:	7869 Springvale Drive Lake Worth FL 33467		
lavina haan na	med as registered agent to accept service of pro	cash for the above -1-1-1	dan at the whole district
zaring been nu	am familiar with and acc <u>ept the</u> appointment as	cess for me above statea corporat registered agent and agree to act it	ion at the place designated n this capacity
his certificate, I		- •	0 / 17
his certificate, I			1 1 1 1 1 1
his certificate, I			2-3-1-
his certificate, I	Required Signature/Registered Agent		Date
is certificate, I	cument and affirm that the facts stated herein	are true. I am aware that the fals	Date  e information submitted in
submit this do	Required Signature/Registered Agent cument and affirm that the facts stated herein Department of State constitutes a third degree fe	are true. I am aware that the fals lony as provided for in s.817,155, l	Date se information submitted in
is certificate, I	cument and affirm that the facts stated herein	are true. I am aware that the fals lony as provided for in s.817.155, l	Date  Se information submitted in F.S. $2-b-12$