

P/200003279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

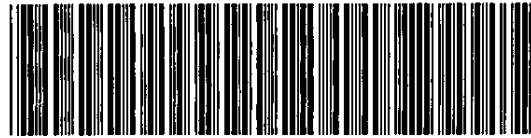
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SECRET  
TALLAHASSEE, FLORIDA

12 APR -4 PM 2:17

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V/H

## COVER LETTER

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

SUBJECT: CONTRACT WORKGROUP 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: VINCENT CIOFFI  
Name (Printed or typed)  
207 TROPIC ILSE DR. #102  
Address  
DELRAY BEACH, FL.  
City, State & Zip  
(561) 463-9147  
Daytime Telephone number  
CioffiVincent@gmail.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: CONTRACT WORKGROUP INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

207 TROPIC ISLE DR. #102  
DELRAY BEACH, FL. 33487

Mailing address, if different is:

12 APR -4 PM 2:17

SECRETARY  
TAMARA ANNE...  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSTRUCTION CONSULTING & COORDINATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Vincent Cioffi Pres.

Address: 207 TROPIC ISLE DR. #102  
DELRAY BEACH, FL. 33487

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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: VINCENT CIOFFI

Address: 207 TROPIC ISLE DR. #102  
DELRAY BEACH, FL. 33487

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VINCENT CIOFFI

Address: 207 TROPIC ISLE DR. #102  
DELRAY BEACH, 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

Vincent Cioffi  
Required Signature/Registered Agent

3/30/12  
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.

Vincent Cioffi  
Required Signature/Incorporator

3/30/12  
Date