

P120000 34635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

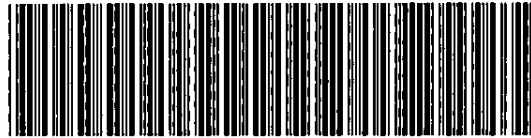
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200227002132
04/02/12--01039--002 **78.75

FILED
2012 APR 10 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 11 2012

W12-18571
2553



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2012

ANTHONY SIMONE
6635 CORONET DR
NEW PORT RICHEY, FL 34655

SUBJECT: SIMONE CARPENTRY CO.
Ref. Number: W12000018571

We have received your document for SIMONE CARPENTRY CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 712A00010885

COVER LETTER

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

SUBJECT: simone carpentry co.

(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: anthony simone

Name (Printed or typed)

6635 coronet dr.

Address

new port richy fl. 34655

City, State & Zip

727-741-2673

Daytime Telephone number

asimone1957@gmail.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME simone carpentry co.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
6635 coronet dr
new port richey fl 34655

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to work as a carpentry co.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: anthony simone president
Address: 6635 coronet dr
new port richey fl 34655

Name and Title:
Address:

Name and Title: kathleen simone vice president
Address: 6635 coronet dr
new port richey fl 34655

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: Anthony Simone
Address: 6635 Coronet Dr
New Port Richey FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: anthone simone
Address: 6635 coronet dr
new port richey fl 34655

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

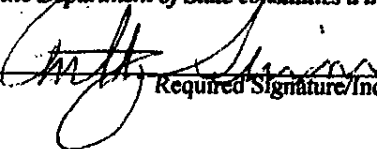


Required Signature/Registered Agent

4-8-2012

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

3/31/0121

Date

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