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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

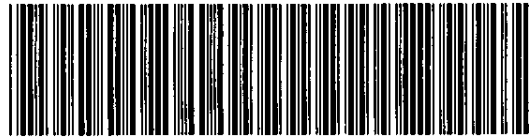
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12 JUN 29 PM 4:56

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**COVER LETTER**

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

**SUBJECT: PINAZZA SOLUTIONS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: RALPH N. BRESSLER**

Name (Printed or typed)

**24932 FAIRWINDS LANE**

Address

**BONITA SPRINGS, FL 34135**

City, State & Zip

**239-272-7452**

Daytime Telephone number

**rbccouncil@hotmail.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** PINAZZA SOLUTIONS, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
528 LAKE LOUISE CIRCLE #302  
NAPLES, FL 34110-8004

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE FOR-PROFIT BOOKKEEPING AND PAYROLL SERVICES FOR SMALL BUSINESS CLIENTS

**ARTICLE IV SHARES**

The number of shares of stock is 50

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

Name and Title: PATRICIA PINACHO, PRESIDENT  
Address: 528 LAKE LOUISE CIRCLE #302  
NAPLES, FL 34110-8004

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: RALPH N. BRESSLER, CPA  
Address: 24932 FAIRWINDS LANE  
BONITA SPRINGS, FL 34135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RALPH N. BRESSLER, CPA  
Address: 24932 FAIRWINDS LANE  
BONITA SPRINGS, FL 34135

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

6/16/12  
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.

  
Required Signature/Incorporator

6/16/12  
Date

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