

P/2000097304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

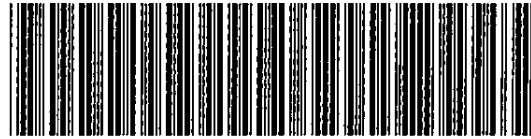
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED NAME (+ SUFFIX)
TO ARTICLE I; ADDED #
OF SHARES TO ARTICLE IV;
ADDED INCORP. NAME TO
ARTICLE VII PER TELEPHONE
CONVERSATION WITH ANNA
REBECCA CENTODUCATI.

Office Use Only

K 11/27/12



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11/26/12--01025--019 **78.75

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

12 NOV 26 PM 2:52

K 11/27/12

COVER LETTER

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

SUBJECT: Centoducati Productions

(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: Centoducati Productions

Name (Printed or typed)

3521 Lone Wolf Trail

Address

ST. Auguustine, FL. 32086

City, State & Zip

904 794-0627

Daytime Telephone number

bcento@bellsouth.net

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: CENTODUCATI PRODUCTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3521 Lone Wolf Trail
ST. Augustine, FL. 32086

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anna Rebecca Centoducati
Address: 3521 Lone Wolf Trail
ST. Augustine, FL. 32086

Name and Title: _____
Address: _____

Name and Title: Benjamin Centoducati
Address: Po Box 165738
Miami, FL. 33116

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: Ana Rebecca Centoducati
Address: 3521 Lone Wolf Trail
St Augustine, FL. 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana Rebecca Centoducati
Address: 3521 Lone Wolf Trail
ST. Augustine, FL. 32086

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

Ana R. Centoducati
Required Signature/Registered Agent

11/21/12
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.

Ana R. Centoducati
Required Signature/Incorporator

11/21/12
Date

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TALLAHASSEE, FLORIDA