

P13000009319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

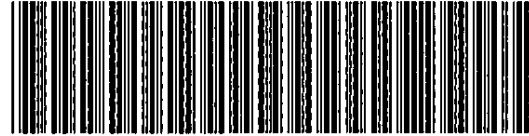
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400241951214

400241951214  
01/28/13--01018--006 \*\*78.75

FILED  
13 JAN 28 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T. Burch JAN 28 2013

## COVER LETTER

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

SUBJECT: **ELLIOTT FELICIANO 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      ☒ \$78.75  
Filing Fee      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: **ELLIOTT FELICIANO**  
Name (Printed or typed)  
**14719 TEMPLE BLVD.**  
Address  
**LOXAHATCHEE FL. 33470**  
City, State & Zip  
**505-385-9294**  
Daytime Telephone number  
**LFELICIANO@COMCAST.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:

**ELLIOTT FELICIANO INC**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**14719 TEMPLE BLVD.**

**LOXAHATCHEE FL.33470**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: **INSTALLATION OF COMMERCIAL WALLCOVERING**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**1000**

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

Name and Title: **ELLIOTT FELICIANO PRESIDENT**

Name and Title: **LORRIANE FELICIANO VICE PRESIDENT**

Address **14719 TEMPLE BLVD.**

Address: **14719 TEMPLE BLVD**

**LOXAHATCHEE FL. 33470**

**LOXAHATCHEE FL. 33470**

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
13 JAN 28 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LORRAINE FELICIANO  
Address: 14719 TEMPLE BLVD  
LOXAHATCHEE FL 33470

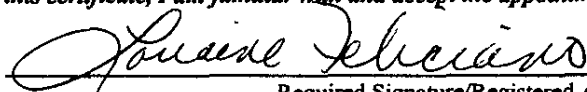
FILED  
13 JAN 28 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LORRAINE FELICIANO  
Address: 14719 TEMPLE BLVD  
LOXAHATCHEE FL 33470

*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*

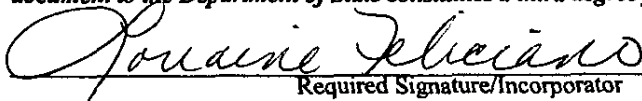


Required Signature/Registered Agent

1/22/1213

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

1/22/1213

Date