

P13000010938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

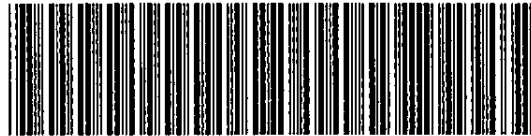
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 31 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 4 2013

COVER LETTER

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

SUBJECT: Christina Paolillo 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

☒ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Christina Paolillo

Name (Printed or typed)

8800 Bardmoor Blvd. #15

Address

Seminole, FL 33777

City, State & Zip

727-458-2482

Daytime Telephone number

chrissytampa@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: Christina Paolillo Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8800 Bardmoor Blvd. #15

Seminole, Fl 33777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all legal business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christina Paolillo / President Name and Title: _____

Address: 8800 Bardmoor Blvd #15 Address: _____
Seminole, Fl 33777 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FL 32311

(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: Christina Paolillo
Address: 8800 Bardmoor Blvd #15
Seminole, FL 33777

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TALLAHASSEE, FL 32399

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

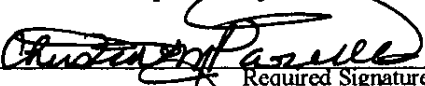
Name: CHRISTINA PAOLILLO
Address: 8800 BARDMOOR BLVD. #15
SEMINOLE, FL 33777

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

1/27/13
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

1/27/13
Date