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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION GREGORY DIDONATO INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: GREGORY DIDONATO INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1451 W. CYPRESS CREEK ROAD

SUITE 300

FORT LAUDERDALE, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COURT REPORTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GREGORY DIDONATO, PRES Name and Title: _____

Address: 3700 BOARDWALK

Address: _____

UNIT 606 SOUTH

SEA ISLE CITY, NJ 08243

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: GREGORY DIDONATO

Address: 1451 CYPRESS CREEK RD, SUITE 300
FORT LAUDERDAL, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: GREGORY DIDONATO

Address: 3700 BOARDWALK, UNIT 606 SOUTH
SEA ISLE CITY, NJ 08243

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.

[Signature]
Required Signature/Registered Agent

7/3/13
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.817.153, F.S.

[Signature]
Required Signature/Incorporator

7/3/13
Date

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