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(Requestor's Name)

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(City/State/Zip/Phone #)

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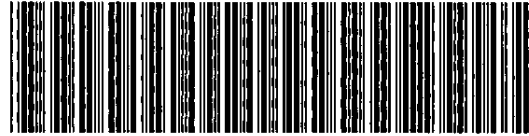
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
10/2/13

COVER LETTER

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

SUBJECT: ARCHITECTURAL DESIGNS BY ANTHONY 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: ANTHONY J. CHIOCCA

Name (Printed or typed)

2503 ANDROS LANE

Address

FORT LAUDERDALE, FLORIDA 33312

City, State & Zip

954 829 4861 FEDERAL I.D.# 65-0871020

Daytime Telephone number

SALES@ARCHFLA.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Anthony Chiocca
2503 Andros Lane
Fort Lauderdale, Fl. 33312

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October 01 2013

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporate Name Release

Department of state Division of Corporations
P.O. Box 6327
Tallahassee, Fl.32314
Department of state Division of Corporations,

Department of state Division of Corporations Please be advised that I am releasing the corporation
name "Architectural Designs by Anthony inc. "

Thank You



Anthony chiocca
954 829 4861

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: ARCHITECTURAL DESIGNS BY ANTHONY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2503 ANDROS LANE

FORT LAUDERDALE FL.33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY J. CHIOCCA PRESIDENT

Name and Title: _____

Address 2503 ANDROS LANE

Address: _____

FORT LAUDERDALE, FL.33312

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALAMASSEE, FLORIDA

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

13 OCT -1 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: ANTHONY J. CHIOCCA
Address: 2503 ANDROS LANE
FORT LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTHONY J. CHIOCCA
Address: 2503 ANDROS LANE
FORT LAUDERDALE, FL 33312

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

Anthony J. ChioCCA
Required Signature/Registered Agent

OCT 1, 2013
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.

Anthony J. ChioCCA
Required Signature/Incorporator

OCT 1, 2013
Date