

P13000089948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

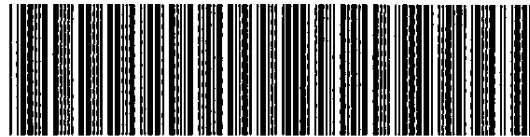
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/01/13--01019--017 **70.00

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13 NOV - 1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
11/4/13

COVER LETTER

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

SUBJECT: Valentino Management and Marketing, 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: Thomas C Crawford
Name (Printed or typed)
8645 N Military Trail #406
Address
Palm Beach Gardens, FL 33418
City, State & Zip
561-594-8233
Daytime Telephone number
tcrawford@allergimed.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: Valentino Management and Marketing, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

401 South County Road Unit 3161
Palm Beach, FL 33480

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all Lawful Business

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David J. DiLorenzo Pres. Name and Title: _____

Address 401 South County Road Unit 3161 Address: _____
 Palm Beach, FL 33480

Name and Title: David Anthony DiLorenzo Sec/Treas Name and Title: _____

Address 401 South County Road Unit 3161 Address: _____
 Palm Beach, FL 33480

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____	Name and Title: <u>FILED</u>
Address _____	Address: <u>13 NOV -1 PM 1:26</u>
_____	<u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>

ARTICLE VI REGISTERED AGENT

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

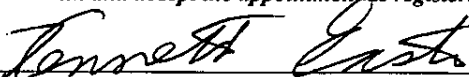
Name: Kenneth Easton
Address: 44 Coconut Road #325
Palm Beach, FL 33480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

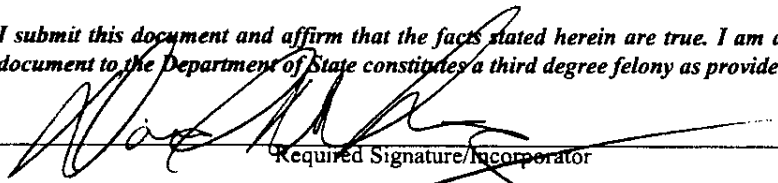
Name: David J. DiLorenzo
Address: 401 South County Road Unit 3161
Palm Beach, FL 33480

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

10/22/13
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

10/29/13
Date