

PI3000090326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

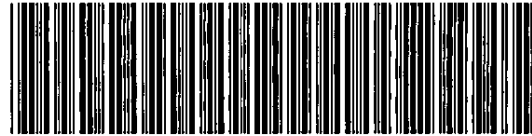
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200252908162

11/04/13--01018--006 **78.75

FILED
13 NOV -4 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/5

COVER LETTER

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

SUBJECT: Complete ADA Compliance 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Giovannia Paloni

Name (Printed or typed)

1015 Spanish River Rd. #109

Address

Boca Raton, FL 33432

City, State & Zip

561 409-9555

Daytime Telephone number

completeADacompliance@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: Complete ADA Compliance Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1015 Spanish River Road #109

Boca Raton, Fl 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ENGAGED IN BUSINESS UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giovannia Paloni

Name and Title: President

Address 1015 Spanish River Rd.

Address:

#109

Boca Raton, Fl 33432

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Giovannia Paloni

Address: 1015 Spanish River Rd. #109

Boca Raton, Fl 33432

FILED
19 NOV -4 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

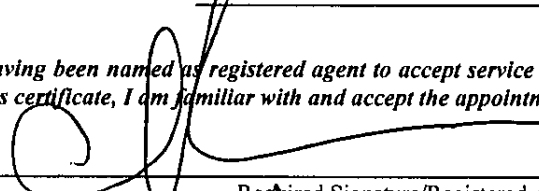
The name and address of the Incorporator is:

Name: Giovannia Paloni

Address: 1015 Spanish River Rd.#109

Boca Raton, Fl 33432

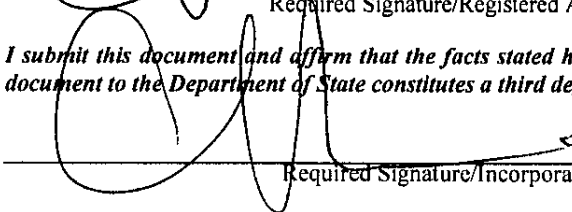
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/31/2013
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.



Required Signature/Incorporator

10/31/2013
Date