

P13000091918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

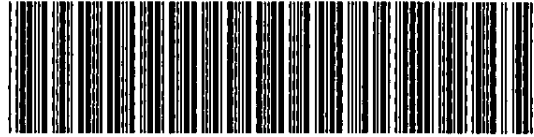
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/08/13--01014--003 **70.00

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13 NOV -8 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/12/13

COVER LETTER

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

SUBJECT: **Valentino Sourcing, 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
Address

Palm Beach Gardes, 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)

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ARTICLE I NAME

The name of the corporation shall be: Valentino Sourcing, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

401 South County Road Unit 3161

Palm Beach, FL 33480

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: _____

(cont.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: _____

Kenneth Easton

Address: _____

44 Coconut Road #325

Palm Beach, FL 33480

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____

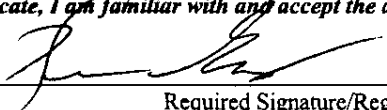
David J. Dilozenzo

Address: _____

401 South County Road Unit 3161

Palm Beach, FL 33480

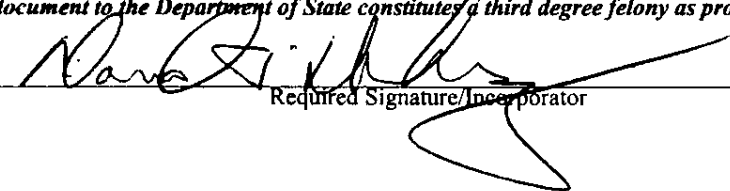
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/4/13
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

11/4/13
Date