

P.140000024501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

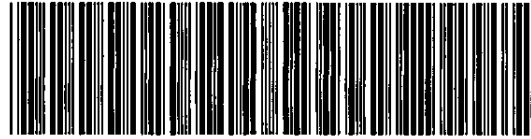
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/17/14--01025--003 **78.75

REC'D
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAR 17 PM 1:10

UH

COVER LETTER

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

SUBJECT: East Coast Construction Group 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: nicolas mazza
Name (Printed or typed)
3411 galt ocean dr
Address
ft lauderdale, fl 33308
City, State & Zip
7863564778
Daytime Telephone number
nickmazza.ecc@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)

FILED
SECRETARY OF STATE
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ARTICLE I NAME

The name of the corporation shall be: East Coast Construction Group Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3411 galt Ocean dr

Ft Lauderdale, Fl. 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: construction services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicolas Mazza Pres.

Name and Title: _____

Address 3411 galt Ocean dr

Address: _____

Ft. Lauderdale, Fl 33308

Name and Title: Domenic Mazza VP

Name and Title: _____

Address 3411 Galt Ocean Dr

Address: _____

Ft Lauderdale, FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

MAILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 MAR 17 PM 1:10

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: nicolas mazza
Address: 3411 galt ocean dr
ft lauderdale, fl 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: nicolas mazza
Address: 3411 galt ocean dr
ft lauderdale, fl 33308

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

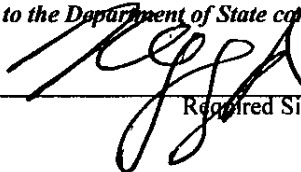


Required Signature/Registered Agent

3/11/14

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

3/11/14

Date