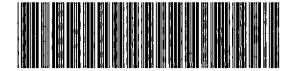
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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,

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THE STATE OF STATE OF



COVER LETTER

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

SUBJECT:	Vince Paterno Property Mgmt こいこ	
•	(PROPOSED CORPORATE NAME – MUST INCLUDE SUF	FIX)

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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
			· · · · · · · · · · · · · · · · · · ·

e∩M·	Vincent Paterno
COIVI.	Name (Printed or typed)
	786 Cedar Cove Rd
	Address
	Wellington, FL 33414
	City, State & Zip
	561 313-4307
	Daytime Telephone number
	vpaterno@comcast.net
	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
compliance with Chapter 607 and/or Chapter 621, F.S. (Brofit)

The name of the corpora	tion shall be: Vince Paterno Pr	operty Mgmt, I OZG
ARTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
786 Cedar Co	ve Rd	
Wellington, Fl	_ 33414	
ARTICLE III PUR The purpose for which t individual clie		duct property mangement functions f
ADTICLE III SU	IDFC	
ARTICLE IV SHA	IRES stock is:	
	LRES stock is: 100	<u>RS</u>
ARTICLE V INI	FIAL OFFICERS AND/OR DIRECTO	
ARTICLE V INI		Name and Title:
ARTICLE V INI	rial officers and/or directo :Vincent Paterno, Pres.	
ARTICLE V INI	Vincent Paterno, Pres. 786 Cedar Cove Rd	Name and Title:
ARTICLE V INIT Name and Title Address	Vincent Paterno, Pres. 786 Cedar Cove Rd Wellington, FL 33414	Name and Title:
ARTICLE V INIT Name and Title Address	Vincent Paterno, Pres. 786 Cedar Cove Rd Wellington, FL 33414	Name and Title: Address: Name and Title:
ARTICLE V INT. Name and Title Address Name and Title	Vincent Paterno, Pres. 786 Cedar Cove Rd Wellington, FL 33414	Name and Title: Address: Name and Title:
ARTICLE V INT. Name and Title Address Name and Title	Vincent Paterno, Pres. 786 Cedar Cove Rd Wellington, FL 33414	Name and Title: Address: Name and Title:
Name and Title Address Name and Title Address	Vincent Paterno, Pres. 786 Cedar Cove Rd Wellington, FL 33414	Name and Title: Address: Name and Title:
Name and Title Address Name and Title Address	Vincent Paterno, Pres. 786 Cedar Cove Rd Wellington, FL 33414	Name and Title: Address: Name and Title: Address: Name and Title:

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo Name:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Vincent Paterno	the registered agent is:	
Address:	786 Cedar Cove Rd		
	Wellington, FL 33414		
ARTICLE VII	INCORPORATOR dress of the Incorporator is:		
Name:	Vincent Paterno		
Address:	786 Cedar Cove Rd		
	Wellington, FL 33414		
Having been nam this certificate, I a	ned as registered agent to accept service of process on familiar with and accept the appointment as reg	istered agent and agree to act in this capacity	ignated in
	Required Signature/Registered Agent	Date	.
	ment and affirm that the facts stated herein are in		nitted in a
1,	ment fatino	4/24/2014	4
V	Required Signature/Incorporator	Date	