

P/4000066380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

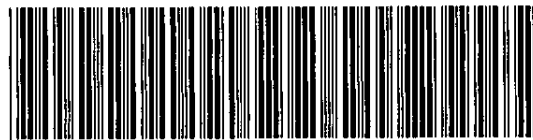
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900262571309

08/11/14--01003--021 **70.00

RECEIVED
14 AUG 11 PM 2:00
DIVISION OF CORPORATION

APPROVED
AND
FILED
14 AUG 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

✓ 08/11/14

COVER LETTER

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

SUBJECT:

Risoli Cattle Co INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Risoli Cattle Co John Risoli

Name (Printed or typed)

4019 NE Rocky Ford Rd

Address

Madison FL 32340

City, State & Zip

850) 973-7170

Daytime Telephone number

813 drisoli@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: RISOLI CATTLE COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4019 NE ROCKY FORD RD

Mailing address, if different is:

SAME

MADISON, FL 32340

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RANCH - CATTLE

14 AUG 11 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN RISOLI PRESIDENT

Name and Title: DONNA RISOLI - VST

Address 4019 NE ROCKY FORD RD

Address: 4019 NE ROCKY FORD RD

MADISON, FL 32340

MADISON, FL 32340

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: JOHN RISOLI
Address: 4019 NE ROCKY FORD RD
MADISON, FL 32340

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 11 PM 2:30

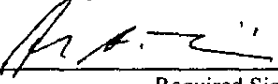
APPROVED
AND
FILED

ARTICLE VII INCORPORATOR

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

Name: JOHN RISOLI
Address: 4019 ROCKY FORD RD
MADISON, FL 32340

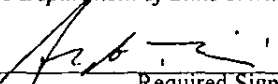
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

8/11/14

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

8/11/14

Date