## P14000658

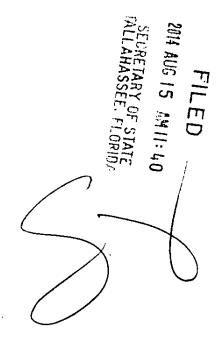
(Requestor's Name)				
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(Address)	<del></del>			
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT:	CT: Morello's Hanling Inc.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA	TTE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PPY REQUIRED	
FROM:	Nam	e (Printed or typed)	<del></del>	
<del></del>		Address		
	Cooper City, FL 33026 City	, State & Zip		
	321-117-1383 Daytime	Felephone number		
<del></del>	Sc. # Morello 1 @ Hotrai E-mail address: (to be use	ed for future annual report	notification)	
			i	

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)

•	ration shall be: Morello's Ho	suling Inc.	3Erox 4
LE II PR	INCIPAL OFFICE		Mailing address, if difference F
	Principal street address	1	Mailing address, if differences
2010 NN	118th AVE		· .
Pembroke P.	nes, FC 33026	<del></del>	
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ose for which	the corporation is organized is:	e purpose is to	han I material and datalis
nd from a	construction sites.		
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er of shares o	of stock is: /00	<u>ors</u>	Scott Morello / Vice Pre
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Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable)  Scott Months	'
Address:	1864 Edgehill W Cooper City, FC 33026	
ARTICLE VII	INCORPORATOR	
The <u>name and ac</u>	Idress of the Incorporator is:	
Name:	Scott Monllo	<del>_</del>
Address:	2864 Edgehill LN	_
	Cooper City PR 73026	_
	am familiar with and accept the appointment as re 0	
•	Soft Mulh	8-12-14
I submit this doc document to the I	Required Signature/Registered Agent  ument and affirm that the facts stated herein are  Department of State constitutes a third degree felo	Date true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	Required Signature/Incorporator	8-12-14
	Required Signature/Incorporator	Date