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(Re	equestor's Name)	
(Address)		
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	е)
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only ତ୍ୟ ୦୫ - 192 - ତଥା - ତା 9

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14 AUG 22 PH I2: 2:
SECRETARY OF STATE
TAIL THE SECRETARY OF STATE

W4000030565

COVER LETTER

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

SUBJECT: Vincent Colleti & Co, Inc a NY Corp

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.	.00
Articles of Incorporation and Certified Copy	\$ 78.	.75
Total to domesticate and file	28.	

OPTIONAL:

Wes Harvin II

Name (printed or typed)

900 E Ocean Blvd Ste 210B

Address

Stuart, FL 34994

City, State & Zip

772.286.3630

Daytime Telephone Number

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2014

WES HARVIN II 900 E OCEAN BLVD. SUITE 210B STUART, FL 34994

SUBJECT: VINCENT COLLETTI & COMPANY, INC.

Ref. Number: W14000030565

We have received your document for VINCENT COLLETTI & COMPANY, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please list the street address of each officer/director.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 314A00015607

14 AUG 22 PH 12: 22
SECRETARY OF STATE
TALL MIN SCHE FI COMM.



May 14, 2014

WES HARVIN II 900 E OCEAN BLVD. SUITE 210B STUART, FL 34994

SUBJECT: VINCENT COLLETTI & COMPANY, INC.

Ref. Number: W14000030565

We have received your document for VINCENT COLLETTI & COMPANY, INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please list the street address of each officer/director.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 014A00010398

FILEU AUG 22 PH 12: 2:

CERTIFICATE OF DOMESTICATION

Th	e undersigned, Vincent Colleti,	President				
	(Name)	(Title)				
of	Vincent Colletti & Company, Inc.	a foreign corporation,				
in a	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby	certify:				
1.	The date on which corporation was first formed was May	8 ,1972 .				
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York					
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Vincent Colletti & Company, Inc.					
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Vincent Colletti & Company, Inc.					
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New York					
6.	. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.					
I a	m Vincent Colletti , of Vincent Colletti & Comp	any, Inc.,				
	d am authorized to sign this Certificate of Domestication on this the day of	,2014.				
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Total to domesticate and file	S 50.00 FILED \$ 50.00 \$ 78.75 \$128.75				

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

ARTICLE I NAME

14 AUG 22 PH 12: 22

THE NAME OF THE CORPORATION SHALL BE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Vincent Colletti & Company, Inc.

ARTICLE II PRINCIPAL OFFICE	
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS	
Principal Address	Mailing Address
1998 S. E. Talbot Place	965 C. Heritage Hills
Stuart, FL 34997	Somers, NY 10589
ARTICLE III PURPOSE	
The purpose for which the corporation is organ. Any lawful purpose, including but not limit	
	رنياق

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:				
Title/Name Vincent Colletti, President	Title/Name			
Vincent Colletti, Sec				
Title/Name	Title/Name			
Title/Name	Title/Name			
Title/Name	Title/Name			

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Wes Harvin II, JD, LLM
900 E Ocean Blvd Ste 210B

Stuart, FL 34994

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Vincent Colletti

1998 S. E. Talbot Place

Strart, FL 3499

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Signature/Incorporator

Date

Data