## P150005780

(Requestor's Name)		
(Address)		
. (Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		·

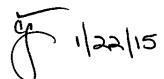




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15 JAN 20 PH 3. OF SECRETARY OF STATE



## **COVER LETTER**

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

SUBJECT:	ALEX DONOFRIO, INC				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
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 PY REQUIRED		
FROM: Ed Parker CPA, Inc.					
	Name	(Printed or typed)			
4	Mary Lane				
Address					
Lincoln University, PA 19352					
	City, S	State & Zip	JAN 20 1		
4	184.371.8244				
_	Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE 1 NAI The name of the corpora	ME Alex Donofrio, Inc.	15	JAN 20 PM 3-01
ARTICLE II PRI	NCIPAL OFFICE Principal street address	SEC Mailing address, it.d	RETARY OF STATE
3135 Constell	ation Drive		
Melbourne, F	L 32940		
ARTICLE III PUR	POSE		
The purpose for which t	to perfo	rm Consulting Service	9S.
			· · · · · · · · · · · · · · · · · · ·
ARTICLE IV SHA The number of shares of ARTICLE V INIT	ARES 100  Stock is: 100  IIAL OFFICERS AND/OR DIRECTORS	 B	·
Name and Title	Alex Donofrio, President	Name and Title:	
Address	3135 Constellation Drive	Address:	
	Melbourne, FL 32940		
		N. I Wild	
Name and Title	:		
Address		Address:	
Name and Title	·	Name and Title:	
Address		Address:	
		<del></del>	

Name an	d Title:	Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Alex Donofrio	
Address:	3135 Constellation Drive	
	Melbourne, FL 32940	
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	Ed Parker, CPA	
Address:	4 Mary Lane	
	Lincoln University, PA 19352	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated i istered agent and agree to act in this capacity  01/06/2015
1/1/10	Required Signature/Registered Agent	Date
I submit this doc document to the l		true. I am aware that the false information submitted in
	Required Signature/Incorporator	01/06/2015 Date
·		SEOR TALLA

TIS JAN 20 PH 3 07
SECRETARY OF STATE
ALLAHASSEE FLORING