

P150000006070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

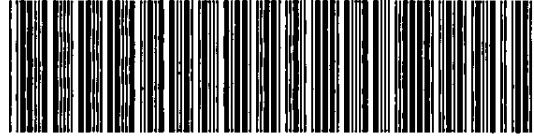
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/15--01050--019 **78.75

FILED
15 JAN 20 PM 2:30
TALLAHASSEE, FLORIDA

MD 1/23

COVER LETTER

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

SUBJECT: THOMAS S. MARTUCCI, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Thomas Martucci
Name (Printed or typed)

613 Lake Orienta Drive
Address

Altamonte Springs, FL 32701
City, State & Zip

407, 435, 8785
Daytime Telephone number

tsmartucci@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: THOMAS S. MARTUCCI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

613 Lake Orienta Drive

Altamonte Springs, FL 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Martucci, President

Name and Title: _____

Address 613 Lake Orienta Drive

Address: _____

Altamonte Springs, FL 32701

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: Thomas Martucci

Address: 613 Lake Orienta Drive

Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

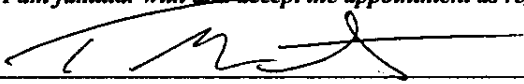
Name: Thomas Martucci

Address: 613 Lake Orienta Drive

Altamonte Springs, FL 32701

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 JAN 20 PM 2:30

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

1/12/15
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

1/12/15
Date