

P150000010805

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W1500003073

FEB 03 2015

T. SCOTT



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15 FEB -2 PM 2:45



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2015

JOE CIALONE  
7368 WATERDANCE WAY  
LAKE WORTH, FL 33467

SUBJECT: CIALONE MANAGEMENT, INC.  
Ref. Number: W15000003073

RECEIVED  
15 FEB -2 PM 4:44  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CIALONE MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 215A00000894

## COVER LETTER

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

SUBJECT: CIALONE MANGEMENT, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: JOE CIALONE  
Name (Printed or typed)  
7368 WATERDANCE WAY  
Address  
LAKE WORTH, FL 33467  
City, State & Zip  
561-722-0214  
Daytime Telephone number  
JOECIALONE@ATT.NET  
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: CIALONE MANGEMENT, INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

7368 WATERDANCE WAY

LAKE WORTH, FL 33467

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: PROFIT

**ARTICLE IV    SHARES**    100 (ONE HUNDRED)

The number of shares of stock is:

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOE CIALONE / PRESIDENT

Address    7368 WATER DANCE WAY  
LAKE WORTH, FL 33467

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

15 FEB - 2 PM 2:45

(cont.)

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: JOE CIALONE  
Address: 7368 WATER DANCE WAY  
LAKE WORTH, FL 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOE CIALONE  
Address: 7368 WATER DANCE WAY  
LAKE WORTH, FL 33467

*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*

✓ Joseph Paul Cialone  
Required Signature/Registered Agent

✓ 1-9-2015  
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.*

✓ Joseph Paul Cialone  
Required Signature/Incorporator

✓ 1-9-2015  
Date