

P15000011625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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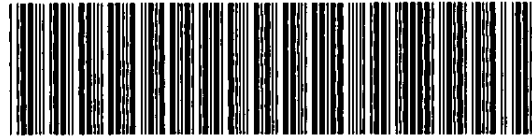
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 JAN 27 PM 3:27

5/10/15

## COVER LETTER

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

SUBJECT: Companioni Services Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

47-2806136

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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: RAUL COMPANIONI

Name (Printed or typed)

5583 SW 8TH STREET

Address

CORAL GABLES, FL 33134

City, State & Zip

3056324968

Daytime Telephone number

carlito1970@yahoo.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: **COMPANIONI SERVICES INC**

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

**5583 SW 8TH STREET**  
**CORAL GABLES, FL 33134**

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is:  
**ALL OTHER PERSONAL SERVICES**

**ARTICLE IV    SHARES**    **100**  
The number of shares of stock is:

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

Name and Title:	<b>PRESIDENT</b>	Name and Title:	
Address	<b>5583 SW 8TH ST</b>	Address:	
	<b>CORAL GABLES, FL</b>		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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DIVISION OF CORPORATIONS  
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(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: RAUL COMPANIONI

Address: 5583 SW 8TH ST

CORAL GABLES, FL 33134

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAUL COMPANIONI

Address: 5583 SW 8 ST

CORAL GABLES, FL 33134

*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*

x Raul Companioni  
Required Signature/Registered Agent

01/15/2015

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.*

x Raul Companioni  
Required Signature/Incorporator

01/15/2015

Date