

P15000025373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

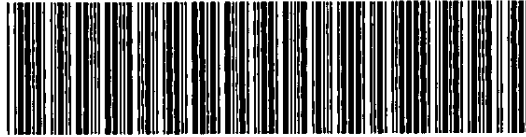
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 13 PM 12:32

h 03/17/15

COVER LETTER

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

SUBJECT: Hydronostic 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

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

ADDITIONAL COPY REQUIRED

FROM: Pasquale Forcino

Name (Printed or typed)

39650 US Highway 19 North, Unit 253

Address

Tarpon Springs, FL 34689

City, State & Zip

727-599-7059

Daytime Telephone number

patjf3@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:

Hydronostic, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

39650 US Hwy 19 N, Unit#253

Tarpon Springs, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Diganostics of Aquaculture equipment

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Pasquale Forcino

Name and Title:

Address

39650 US Hwy 19 n, Unit 253

Address:

Tarpon Springs, Fl 34689

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Pasquale Forcino
Address: 39650 US Hwy 19 N, Unit 253
Tarpon Springs, Fl 34689

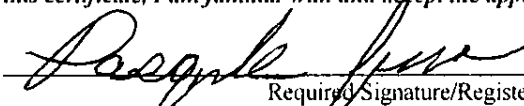
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pasquale Forcino
Address: 39650 US Hwy 19 N, Unit 253
Tarpon Springs, Fl 34689

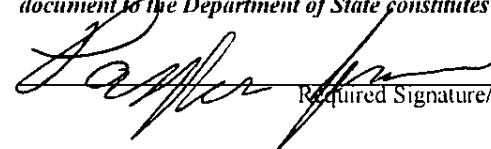
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

3.9.15
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

3.9.15
Date