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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: ALPHA & OMEGA YACHT MANAGEMENT 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: TOM A FASULO
Name (Printed or typed)

545 ROOKERY PLACE
Address

JUPITER FLORIDA 33458
City, State & Zip

561 371-0758
Daytime Telephone number

TFASULO21@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: ALPHA & OMEGA YACHT MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

545 ROOKERY PLACE
JUPITER FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOM A FASULO

Name and Title: _____

Address

545 ROOKERY PL
JUPITER FL 33458

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE FLORIDA

(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: TOM A FASULO
Address: 545 ROOKER PL
JUPITER, FL 33458

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: TOM A FASULO
Address: 545 ROOKER PL
JUPITER FL 33458

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

Tom A Fasulo
Required Signature/Registered Agent

3/23/15
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.

Tom A Fasulo
Required Signature/Incorporator

3/23/15
Date

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TALLAHASSEE FLORIDA