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Special Instructions to Fili	na Officer	
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Office Use Only



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COVER LETTER

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

SUBJECT:		VACCARELLI	
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
<u>E</u>	ANGELO VI Name (1000 NORTH FEB. ANGELA RATON FLO City, S 561-929-438 Daytime Te ANFORTUNE @ AO E-mail address: (to be used	ERAL HWY. conditions of the co	Suite 107 187

NOTE: Please provide the original and one copy of the articles.



March 24, 2015

ANGELO VACCARELLA 6070 N. FEDERAL HWY., SUITE 107 BOCA RATON, FL 33487

SUBJECT: ANGELO VACCARELLA Ref. Number: W15000020365

We have received your document for ANGELO VACCARELLA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I - The name of the Corporation & Article V - The name of the President..

The specific business purpose of the professional association must be stated in the document.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 915A00005837

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	An.	1/1/2	1/100	10-	-,,1	$\mathcal{J}\Lambda$
The name of the	e corporation sh	rall be:	GELO	VACC	THE	CLA	TH.
ARTICLE II	PRINCIP.	AL OFFICE					A
	Princ	ipal street address		M	ailing addro	ss, if differer	
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BOCA	KATON	FEDERAL HI FLORIDA	<u>3</u> 3487			;	==
ARTICLE III						Ŕ	ž ~
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ARTICLE IV		,					
The number of s	snares of stock f	s: / 0		_			
ARTICLE V	INITIAL	PRESIDENT-	IRECTORS	n 1/40	CARE	UA	
Name	and Title:	TRESIDENT-	HNGEN at	me and Title:			
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Addre:	ss /S	7 7 7 7	SCO Ad	aress:			
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Name and Title:	Name and Title:	
Address	Address:	5 APR - 3 F
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT acceptable)		<u> </u>
Name: ANGELO VACCAREUL	<u>9</u>	• *
Address: 6070 NORTH FEDERAC	-HWY Sulte 107	•
BOCA RATON FLORIT	DA 33487	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	·	
Name: ANGELO VACCAREUA	<u>4</u>	
Address: 15634 MESSINA IS	CESCT	
Name: ANGELO VACCAREUR Address: 15634 MESSINA IS DELRAY BEACH F	LORIDA 33446	
Having been named as registered agent to accept service of proce		
this certificate, I am familiar with and accept the appointment as re	egisiereu ageni ana agree io aci in ini	
May la Vaulle		3/16/15
Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein ar	e true. I am aware that the false info	ormation submitted in a
document to the Department of State constitutes a third degree feld	ony as provided for in s.817.155, F.S.	ı
Mando Vande		3/16/15
Required Signature/Incorporator		Date