P15000035441

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	<u>""</u>
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?	Office Use Only	



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SECHETARISEE FLORIBE

1/20-15-18



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

SUBJECT: JOS	SEPH B. DICARL	O, INC	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy

Status
ADDITIONAL COPY REQUIRED

& Certificate of

FROM:	JOSEPH B. DICARLO
	Name (Printed or typed)
	5036 SW 28TH AVE, UNIT 2
	Address
	FORT LAUDERDALE, FLORIDA 33312
	City, State & Zip
	954-213-5062
	Daytime Telephone number
	finmaven@aol.com
	E-mail address: (to be used for future annual report notification)

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

(~1

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

ARTICLE I NAM The name of the corpora	tion shall be: JOSEPH B. DICA	RLO, INC	<u> </u>
ARTICLE II PRI	NCIPAL OFFICE Principal street address H AVE, UNIT 2		dress, if different is:
	ERDALE, FLORIDA		
33312			
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:		
4 (2000)	UG & ACCOUTING C	שאודונפה	
			As 5
			CAHASSI TO
ARTICLE IV SHA The number of shares of	stock is: 1000		PM 3: 37 PM 3: 37 PEE, FLORIE
	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Title	JOSEPH B. DICARLO	Name and Title:	
Address	5036 SW 28TH AVE UNIT 2	_ Address.	
	FORT LAUDERDALE, FL		
	33312	· · · · · · · · · · · · · · · · · · ·	
Name and Title	: <u></u>	Name and Title:	
Address		_ Address:	
Name and Title	:	Name and Title:	
Address		Address:	
		<u> </u>	

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Name ar	nd Title:	Name and Title:	
Address	S	Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	Inches Control Control	of the registered agent is:	
Name:	JOSEPH B. DICARLO		
Address:	5036 SW 28TH AVE UNIT 2	<u>2</u>	
	FORT LAUDERDALE, FL 33312	<u>2</u>	
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	JOSEPH B. DICARLO	_	
Address:	5 UNIT 2036 SW 28TH AVE	<u>. </u>	
	FORT LAUDERDALE, FL 33312	<u>2</u>	
	med as registered agent to accept service of process am familiar with and accept the appointment as reg		ated in
Just	3. Marlo	2/10/15	
() '	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	e true. I am aware that the false information submitte ny as provided for in s.817.155, F.S.	ed in a
Jose	e B. Clark	2/10/15	
	Required Signature/Incorporator	Date	

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SECE-YED

15 APR 16 AM 10: 04

February 17, 2015

JOSEPH DICARLO 5036 SW 28TH AVE, UNIT 2 FORT LAUDERDALE, FL 33312

SUBJECT: JOSEPH B. DICARLO, INC.

Ref. Number: W15000011536

We have received your document for JOSEPH B. DICARLO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST STATE YOUR PURPOSE.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 715A00003284

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