

P15000054456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

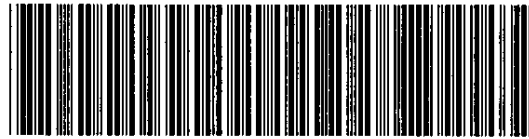
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300274269533

06/23/15--01025--005 **78.75

15 JUN 23 PM 12:48
Filing Office
15 JUN 23 PM 12:48

und 6/24

COVER LETTER

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

SUBJECT: Toxic Acres Cattle Co.

(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: Robert Catroneo Jr.

Name (Printed or typed)

6220 Halyard Ct.

Address

Rockledge Fl

City, State & Zip

321-508-0182

Daytime Telephone number

rcatroneo@aol.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: Toxic Acres Cattle Co.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

6220 Halyard Ct

Rockledge Fl 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Toxic Acres Cattle Company is organized to purchase and raise cattle for sale for food.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Catroneo, Jr. President

Name and Title: Tammera Catroneo Vice President

Address 6220 Halyard Ct.

Address: 6220 Halyard Ct.

Rockledge Florida 32955

Rockledge Floride 32955

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Tammera Catroneo

Address: 6220 Halyard Ct.

Rockledge Florida 32955

15 JUN 23 PM 12:48
RECEIVED
SECRETARY OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Robert Catroneo Jr

Address: 6220 Halyard Ct Rockledge FL 32955

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 29, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Tammera Catroneo

Required Signature/Registered Agent

May 29, 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.

Robert Catroneo Jr

Required Signature/Incorporator

May 29, 2015

Date