

P1500005489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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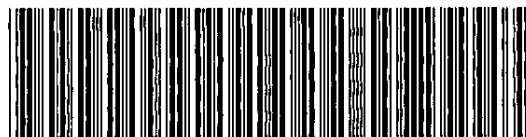
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 22 PM 2:48
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Complete Compliance USA 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: Christine Paloni

Name (Printed or typed)

1015 Spanish River Road #109

Address

Boca Raton, FL 33432

City, State & Zip

(561) 409-9555

Daytime Telephone number

adaconsult1@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: Complete Compliance USA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1015 Spanish River Rd. #109

Boca Raton, Fl 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engaged in business under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christine Paloni

Name and Title: President

Address 1015 Spanish River Rd. #109

Address:

Boca Raton, Fl 33432

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

15 JUN 22 PM 2:45

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: Christine Paloni
Address: 1015 Spanish River Rd. #109
Boca Raton, Fl 33432

ARTICLE VII INCORPORATOR

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

Name: Christine Paloni
Address: 1015 Spanish River Rd. #109
Boca Raton, Fl 33432

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Required Signature/Registered Agent 6.15.2015
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.

Required Signature/Incorporator 6.15.2015
Date