

PI5000077194

(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



300276895273

09/10/15--01002--009 **87.50

EFFECTIVE DATE
9-8-15

2015 SEP 10 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 21 2015

COVER LETTER

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

SUBJECT: Coral Aire Sales 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Joseph Devigili
Name (Printed or typed)

1950 N.E. 6 STREET UNIT #751
Address

Pompano Beach FL, 33061
City, State & Zip

954-682-6510
Daytime Telephone number

devigili@msn.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)

EFFECTIVE DATE
9-8-15

ARTICLE I NAME

The name of the corporation shall be: Coral Aire Sales Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1950 NE 6 STREET UNIT 751
Pompano Beach FL
33061

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: profit

RECEIVED
SECRETARY OF STATE
SEP 10 PM 1:26
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph DeVigili Name and Title: ~~President~~ President

Address 1950 NE 6 STREET Address: _____
UNIT #751 _____
Pompano Beach FL 33061 _____

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: Joseph DeVigili

Address: 1950 NE 6 STREET UNIT 751
Pompano Beach FL, 33061

ARTICLE VII INCORPORATOR

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

Name: Joseph DeVigili

Address: 1950 NE 6 STREET UNIT 751
Pompano Beach FL, 33061

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Sept 8, 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

Joseph DeVigili

Required Signature/Registered Agent

9/8/15

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.

Joseph DeVigili

Required Signature/Incorporator

9/8/15

Date