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TALLAHASSEE, FLORIDA

MD 10/23

COVER LETTER

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

SUBJECT: SAS FLORIDA 225, 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: FRANCES M. ALECI  
Name (Printed or typed)

5995 PINE RIDGE ROAD  
Address

NAPLES, FL 34119  
City, State & Zip

978-869-2007  
Daytime Telephone number

INFO@PINHIGHPRODUCTS.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. (Florida)

ARTICLE I NAME

The name of the corporation shall be: SAS FLORIDA 225, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
5995 PINE RIDGE ROAD  
NAPLES, FL 34119

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EATING & DRINKING PLACE,  
FAST-FOOD RETAIL CAFE'

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>FRANCES M. ALECI</u> <sup>PRESIDENT</sup>	Name and Title:	<u>JAMES M. SANTANGELO</u> <sup>TREASURER</sup>
Address	<u>10250 PORTO ROMANO DR.</u> <u>FT. MYERS, FL 33913</u>	Address:	<u>28653 SAN LUCAS LN, #201</u> <u>BONITA SPRINGS, FL 34135</u>

Name and Title:	<u>SALVATORE F. SACCHETTA</u> <sup>VICE-PRES.</sup>	Name and Title:	<u>ARLENE E. SANTANGELO</u> <sup>SECRETARY</sup>
Address	<u>10250 PORTO ROMANO DR.</u> <u>FT. MYERS, FL 33913</u>	Address:	<u>28653 SAN LUCAS LN, #201</u> <u>BONITA SPRINGS, FL 34135</u>

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: FRANCES M. ALECI  
Address: 10250 PORTO ROMANO DR.  
FT. MYERS, FL 33913

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRANCES M. ALECI  
Address: 10250 PORTO ROMANO DR.  
FT MYERS, FL 33913

**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

Frances M Aleci  
Required Signature/Registered Agent

10/8/15  
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.

Frances M Aleci  
Required Signature/Incorporator

10/8/15  
Date