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SECRETARY OF STATE
TALAHASSEE, FLORIDA

15 DEC - 8 PM 5:20

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AND
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VH

COVER LETTER

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

SUBJECT: Delta Services & Repair 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Kelly M Schiano

Name (Printed or typed)

18251 Mrchants Ave

Address

Port Charlotte, FL

City, State & Zip

941-235-1856

Daytime Telephone number

DeltaAutoPC@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)

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ARTICLE I NAME

The name of the corporation shall be: Delta Services & Repair Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from

23245 Harborview Rd. Suite B

Port Charlotte, FL 33980-2154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Machinery, Hydrolics, and Automotive Repair

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelly M Schiano

Name and Title: _____

Address 18251 Merchants Ave.

Address: _____

Port Charlotte, FL 33948

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

Name and Title: _____ Name and Title: 15 DEC -8 PM 5:20
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kelly M. Schiano
Address: 23245 Harborview Rd Ste B
Port Charlotte, FL 33980-2154

ARTICLE VII INCORPORATOR

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

Name: Kelly M. Schiano
Address: 23245 Harborview Rd Ste B
Port Charlotte, FL 33980-2154

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (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

Kelly Schiano
Required Signature/Registered Agent

12/3/15
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.

Kelly Schiano
Required Signature/Incorporator

12/3/15
Date