

P16000027462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

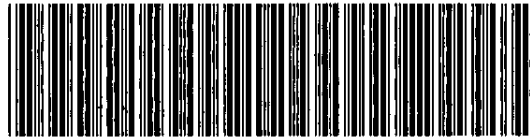
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



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03/02/16--01011--017 **70.00

FILED
16 MAR 28 AM 10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan MAR 29 2016

COVER LETTER

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

SUBJECT: PETER J. BALDANZA, 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: PETER J. BALDANZA

Name (Printed or typed)

3955 11TH STREET

Address

MICCO, FL 32976

City, State & Zip

321-562-3322

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 MAR 28 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 10, 2016

PETER J BALDANZA
3955 11TH STREET
MICCO, FL 32976

SUBJECT: PETER J. BALDANZA, INC
Ref. Number: W16000018168

We have received your document for PETER J. BALDANZA, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 416A00005017

Peter J. Baldanza
3955 11th Street
Micco, FL 32976

March 23, 2016

Neysa Culligan, Regulatory Specialist II
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

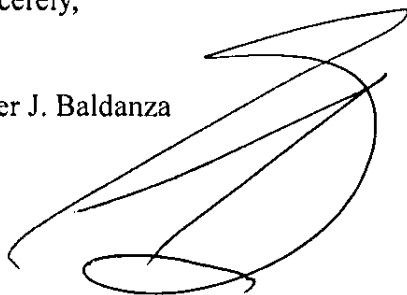
Subject: Peter J. Baldanza, Inc.
Ref. Number: W16000018168

To: Neysa Culligan:

In response to letter number: 416A00005017, I Peter J. Baldanza, President of Peter J. Baldanza, Inc. document number: P03000007694 have no intention of reinstating said corporation. Therefore, I release the name for the use of another entity. Should you need further information please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,

Peter J. Baldanza

A stylized, handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the left.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 MAR 28 AM 10:16

ARTICLE I NAME

The name of the corporation shall be: PETER J. BALDANZA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3955 11TH STREET

MICCO, FL 32976

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, county, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter J. Baldanza, President

Address: 3955 11th Street

Micco, FL 32976

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Peter J. Baldanza

Address: 3955 11th Street

Micco, FL 32976

ARTICLE VII INCORPORATOR

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

Name: Robert J. Gorman

Address: 13600 US Hwy 1, Ste 12

Sebastian, FL 32958

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

2-4-16
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

2-4-16
Date