

P16000034920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

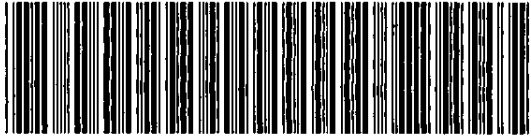
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED MAR 2 1 REC'D

Office Use Only

691-



300283589993

03/22/16--01005--011 **78.75

FILED
16 APR 19 PM 1:36

4/20/16

1211000022693

COVER LETTER

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

SUBJECT: SANTORIELLO CONSULTING, 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: NICHOLAS SANTORIELLO

Name (Printed or typed)

5211 W HILLSBORO BLVD, APT 301

Address

COCONUT CREEK, FL 33073

City, State & Zip

631-219-6612

Daytime Telephone number

NICKSANTORIELLO@GMAIL.COM

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

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

FILED
16 APR 19 PM 1:36



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 APR 19 PM 1:36

March 28, 2016

NICHOLAS JAMES SANTORIELLO
5211 W HILLSBORO BLVD.
APT. 301
COCONUT CREEK, FL 33073

SUBJECT: SANTORIELLO CONSULTING, INC.
Ref. Number: W16000022693

We have received your document for SANTORIELLO CONSULTING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 016A00006263

RECEIVED
16 APR 19 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

ARTICLE I NAME

The name of the corporation shall be: SANTORIELLO CONSULTING, INC

16 APR 19 PM 1:36

ARTICLE II PRINCIPAL OFFICE

Principal street address
5211 W HILLSBORO BLVD, APT 301
COCONUT CREEK, FL 33073

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS CONSULTING IN THE MARKETING INDUSTRY.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICHOLAS SANTORIELLO, PRESIDENT

Address 5211 W HILLSBORO BLVD, APT 301
COCONUT CREEK, FL 33073

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: SHERRY GOULD

Address: 571 GOLDEN HARBOUR DRIVE

BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

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

Name: NICHOLAS SANTORIELLO

Address: 5211 W HILLSBORO BLVD, APT 301

COCONUT CREEK, FL 33073

FILED
16 APR 19 PM 1:36
STATE OF FLORIDA
DEPARTMENT OF STATE

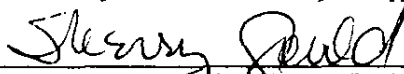
ARTICLE VIII EFFECTIVE DATE:

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

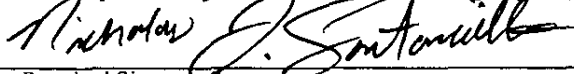


Required Signature/Registered Agent

4/13/16

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

4/13/16

Date