

P16 000036198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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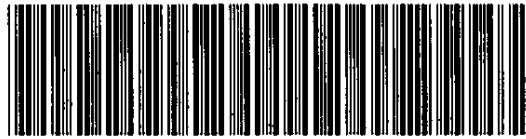
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
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**COVER LETTER**

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**SUBJECT:** LIPARI MARBLE AND STONE FINISHING CORPORATION  
(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

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

**FROM:** MICHAEL J. MOSKOWITZ  
Name (Printed or typed)

1265 BEACON ST. - # 502  
Address

BROOKLINE, MA 02446-5288  
City, State & Zip

954-661-5260  
Daytime Telephone number

a.lipari@videotron.ca  
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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: LIPARI MARBLE AND STONE FINISHING CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3230 S. Ocean Blvd. - # 407

Palm Beach, FL 33480-5687

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate a marble and stone finishing corporation and/or any other business permitted under Florida law.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anthony Rosario Lipari, Director and

Name and Title: \_\_\_\_\_

Address President

Address: \_\_\_\_\_

3230 S. Ocean Blvd. - # 407

Palm Beach, FL 33480-5687

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: Anthony Rosario Lipari  
 Address: 3230 S. Ocean Blvd. - #407  
Palm Beach, FL 33480-5687

**ARTICLE VII INCORPORATOR**

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

Name: Anthony Rosario Lipari  
 Address: 3230 S. Ocean Blvd. - #407  
Palm Beach, FL 33480-5687

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**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*

Anthony Rosario Lipari April 12, 2016  
 Required Signature/Registered Agent 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.*

Anthony Rosario Lipari April 12, 2016  
 Required Signature/Incorporator Date