

P16000051319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

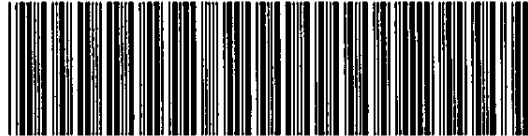
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



200283796992

03/31/16--01008--005 **87.50

RECEIVED
JUN 15 2016
FBI - BOSTON

16 JUN 15 PM 4:15

RECEIVED
JUN 15 2016
FBI - BOSTON

~~W16-25412~~

W16-25412

06-15-16

COVER LETTER

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

SUBJECT: Nick Buoniconti Mediation Services, 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

*Paid
Already*

FROM: Nicholas A. Buoniconti III
Name (Printed or typed)

5 E. Vanderbilt St. ORL
Address

Orlando FL 32804
City, State & Zip

407 579 5227
Daytime Telephone number

Nick @ Mediate with Nick . com ; Mediate w Nick @
E-mail address: (to be used for future annual report notification)

RECEIVED

16 JUN 14 PM 2:42

*Mail
-com*

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

NICHOLAS A BOUNICONTI
5 E VANDERBILT ST
ORLANDO, FL 32804

SUBJECT: NICK BUONICONTI MEDIATION SERVICES
Ref. Number: W16000025412

We have received your document for NICK BUONICONTI MEDIATION SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 516A00007025

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Nick Buoniconti Mediation Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5 E. Vanderbilt St.

Orlando, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation will provide mediation services to litigation and non-litigation matters.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicholas A. Buoniconti

Name and Title: Dena Buoniconti

Address 5 E. Vanderbilt St.

Address: 5 E. Vanderbilt St.

Orlando, FL 32804

Orlando, FL 32804

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
16 JUN 15 PM 4:15
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Nicholas A. Bonicenti
Address: 5 E. Vanderbilt St
Orlando, FL 32804

ARTICLE VII INCORPORATOR

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

Name: Nicholas A. Bonicenti
Address: 5 E. Vanderbilt St.
Orlando, FL 32804

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 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

Nicholas A. Bonicenti
Required Signature/Registered Agent

5/20/16
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.

Nicholas A. Bonicenti
Required Signature/Incorporator

5/20/16
Date