

P16 0000 55195

(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:

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Office Use Only

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T. SCOTT



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16 JUN 30 AM 10:30

RECEIVED
DIVISION OF CORPORATIONS
JUN 30 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2016

GIOVANNI INDELLICANTI
16651 SANCTURY ESTATE DR
CAPE CORAL, FL 33993

SUBJECT: FAUX FINISH & MURALS BY GIOVANNI, INC
Ref. Number: W16000023678

We have received your document for FAUX FINISH & MURALS BY GIOVANNI, 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):

You must list at least one incorporator with a complete business street address.

Incorporator must sign.,

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 816A00006550

COVER LETTER

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

SUBJECT: FAUX FINISH & MURALS BY GIOVANNI, 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: GIOVANNI INDELLICANTI

Name (Printed or typed)

16651 SANCTURY ESTATE DR

Address

CAPE CORAL, FL 33993

City, State & Zip

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.

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: FAUX FINISH & MURALS BY GIOVANNI, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16651 SANCTURY ESTATE DR

CAPE CORAL, FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GIOVANNI INDELLICANTI, PD

Name and Title: _____

Address 16651 SANCTURY ESTATE DR

Address: _____

CAPE CORAL, FL 33993

Name and Title: DAMIN ZOLIK

Name and Title: _____

Address 16651 SANCTURY DR

Address: _____

CAPE CORAL, FL 33993

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 JUN 30 AM 10:30

SECRET
DIVISION OF REVENUE
STATE OF 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: LAWRENCE SWAN
Address: 709 CAPE CORAL PARKWAY WEST
CAPE CORAL FL 33914

ARTICLE VII INCORPORATOR

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

Name: GIOVANNI INDELLICANTI
Address: 16651 SANTURY ESTATE DR
CAPE CORAL, FL 33993

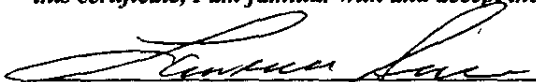
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/31/2016 (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

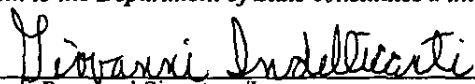


Required Signature/Registered Agent

06/20/2016

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

06/20/2016

Date