P16000080007

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		





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DIVISION OF COSCURATION

10/03/16

W16-063094



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2016

JUAN CARLOS NANNI 214 N.E. SURSIDE AV. PORT ST. LUCIE, FL 34983

SUBJECT: JUAN CARLOS NANNI & CO., LLC

Ref. Number: W16000063094

We have received your document for JUAN CARLOS NANNI & CO., LLC 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 name of the entity cannot include "LLC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 316A00019399

THE SEP 30 PH 12: 48

NOTE: TH

COVER LETTER

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

SUBJECT: Juan Ca	rlos Nanni & CO., LLC.		
50 55 C1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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:	n Carlos Nanni Nam I NE Surfside AV	e (Printed or typed)	
 -		Address	
Po	1 St Lucie, FL 34983		
	City	, State & Zip	· · · · · · · · · · · · · · · · · · ·
77:	2-380-6700		
	Daytime	Γelephone number	
jen	anni@hotmail.com		
	F-mail address: (to be use	ed 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)

	poration shall be: <u>Juan Carlos Nanni & CC</u>	<i>.</i>	<u>,, , , , , , , , , , , , , , , , , , ,</u>		
ARTICLE II PI 214 NE Surfsid	RINCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different i	s:	
Port St Lucie, Fl	L 34983				
	URPOSE nich the corporation is organized is: Juan C	Carlos Nanni & CO, is a	for profit corporation conduc	cting s	ales,
				6	SIAIG SSIAIG
				SEP 30	CHE TAN
ARTICLE IV SI	HARES es of stockis: 10,000			AM 10: 01	OF STATE
ARTICLE V IN	HITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>			
Name and	Title: Juan Carlos Nanni, President	Name and Title	: Camille Cangelosi Nanni, V	/ice Pi	resident
Address	214 NE Surfside Av	Address:	214 NE Surfside Av		
	Port St Lucie, FL 34983		Port St Lucie, FL 34983		
Name and	Title:	Name and Title	-		
Address					
Name and	Title:	Name and Title	:		
Address		Address:			

Name ar	nd Title:	Name and Title:	
Address		Address:	
		<u></u>	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Camille Cangelosi Nanni		(°)
Address:	214 NE Surfside Av Port St Lucie, FL 34983		SECRETA 16 SEP 3
ARTICLE VII	INCORPORATOR		FILET
The name and a	ddress of the Incorporator is:		EG OF STATE)REORATH AM 10: 04
Name:	Juan Carlos Nanni		04 OTION OTION
Address:	214 NE Surfside Av		ω
	Port St. Lucie, FL 34983	<u> </u>	
Effective date, if (If an effective days after the fine the Mote: If the date	EFFECTIVE DATE: Cother than the date of filing: September 1 st 201 date is listed, the date must be specific and calling.) inserted in this block does not meet the applicate of series of the date on the Department of State's reconstruction.	nnot be more than five busines	s days prior or 90 business
this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment	as registered agent and agree to d	
Came	lee C Jan- Required Signature/Registered Agent		9-27-16 Date
	cument and affirm that the facts stated herein		so information submitted in a
	Department of State constitutes a third degree		
Pagu	ired Signature/Incorporator		9-27-16
() Koqu	area premiumor micor porator		Date