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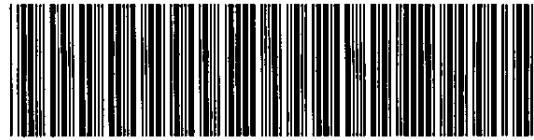
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 30 AM 10: 06

W/6 -063094

h 10/03/16

COVER LETTER

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

SUBJECT: Juan Carlos Nanni & CO., LLC.

(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: Juan Carlos Nanni

Name (Printed or typed)

214 NE Surfside AV

Address

Port St Lucie, FL 34983

City, State & Zip

772-380-6700

Daytime Telephone number

jcnanni@hotmail.com

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: Juan Carlos Nanni & CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

214 NE Surfside Av

Port St Lucie, FL 34983

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Juan Carlos Nanni & CO. is a for profit corporation conducting sales,

Consulting and business development in varied disciplines.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Carlos Nanni, President

Name and Title: Camille Cangelosi Nanni, Vice President

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 _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS
16 SEP 30 AM 10:04

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: Camille Cangelosi Nanni

Address: 214 NE Surfside Av
Port St Lucie, FL 34983

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ARTICLE VII INCORPORATOR

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

Name: Juan Carlos Nanni

Address: 214 NE Surfside Av
Port St. Lucie, FL 34983

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 1st 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

Camille Cangelosi Nanni

Required Signature/Registered Agent

9-27-16

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.

Juan Carlos Nanni

Required Signature/Incorporator

9-27-16

Date