

P17000004757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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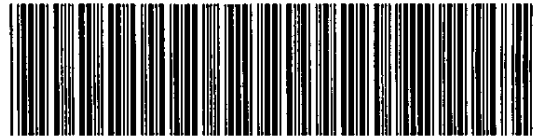
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JAN 17 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/19/17

COVER LETTER

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

SUBJECT: Pirati del Capo Properties 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

FROM: Steve Ivsan

Name (Printed or typed)

1220 SW 54th LN

Address

Cape Coral, FL 33914

City, State & Zip

408-646-4550

Daytime Telephone number

stephenivsan@gmail.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: Pirati del Capo Properties Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1220 SW 54th LN

Cape Coral, FL 33914

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Buy, Rent and Remodel Homes.

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen Ivsan, V.P.

Address: 1220 SW 54th LN

Cape Coral, FL 33914

Name and Title: Enzo Avolio, President

Address: 14820 27 Mile Rd

Washington, MI 48094

Name and Title: Stephen Ivsan, Secretary

Address: 1220 SW 54th LN

Cape Coral, FL 33914

Name and Title: Enzo Avolio, Treasurer

Address: 14820 27 Mile Rd

Washington, MI 48094

Name and Title: Stephen Ivsan, Director

Address: 1220 SW 54th LN

Cape Coral, FL 33914

Name and Title: Enzo Avolio, Director

Address: 14820 27 Mile Rd

Washington, MI 48094

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TALLAHASSEE 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: Stephen Ivsan
Address: 1220 SW 54th LN
Cape Coral, FL 33914

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Enzo Avolio
Address: 14820 27 Mile Rd
Washington, MI 48094


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 days prior or 90 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

12/21/16

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.



Required Signature/Incorporator

Dec. 21, 2016

Date