

P17000004764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

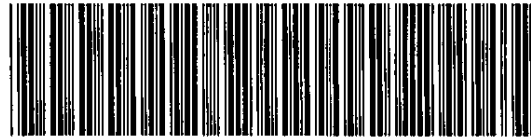
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JAN 17 PM 2:02

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*Handwritten signature and date: 01/19/17*

**COVER LETTER**

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

**SUBJECT:** INTERCOASTAL CONCIERGE 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**

**FROM:** MICHELLE COSTANZI  
Name (Printed or typed)  
5794 TIMBERLAKE DR  
Address  
SARASOTA, FLORIDA 34243  
City, State & Zip  
941-400-4462  
Daytime Telephone number  
michelle.costanzi@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: INTERCOASTAL CONCIERGE SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
MICHELLE COSTANZI  
5794 TIMBERLAKE DR  
SARASOTA, FL 34243

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: COMPLETE CONCIERGE SERVICES FOR RESIDENTIAL CLIENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11:00  
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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BEVERLEY DAVIDSON PANARO  
Address: 6806 ARBOR OAKS CIRCLE  
BRADENTON, FL 34209

Name and Title: VP  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: MICHELLE COSTANZI, PR  
Address: 5794 TIMBERLAKE DR.  
SARASOTA, FL 34243

Name and Title: PRESIDENT  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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: MICHELLE COSTANZI  
 Address: 5794 TIMBERLAKE DR  
 SARASOTA, FL 34243

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**ARTICLE VII INCORPORATOR**

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

Name: MICHELLE COSTANZI  
 Address: 5794 TIMBERLAKE DR  
 SARASOTA, FL 34243

**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*

*Michelle Costanzi* \_\_\_\_\_ 1/12/2017  
 Required Signature/Registered Agent 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.*

*Michelle Costanzi* \_\_\_\_\_ 1/12/2017  
 Required Signature/Incorporator Date