

P17000017609

(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:

Office Use Only



200291538042

02/21/17--01030--008 **233.75

FILED
17 FEB 21 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CHARLES NARDONE, P.A.
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CHARLES K. NARDONE
Name (Printed or typed)

4920 OLDE KERRY DRIVE
Address

ORLANDO FL 32837
City, State & Zip

407-234-7298
Daytime Telephone number

CHUCK.NARDONE@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: CHARLES NARDONE, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4920 OLDE KERRY DRIVE

ORLANDO FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO FACILITATE THE SALE AND PURCHASE OF BUILDINGS AND REAL PROPERTY.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES K. NARDONE, DPS

Name and Title: _____

Address 4920 OLDE KERRY DRIVE

Address: _____

ORLANDO FL 32837

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 FEB 21 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: CHARLES K. NARDONE
Address: 4920 OLDE KERRY DRIVE
ORLANDO FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWARD P. BLAISDELL
Address: 416-A N. FERN CREEK AVENUE
ORLANDO FL 32803

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

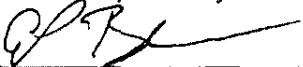


Required Signature/Registered Agent

02/09/2017

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

02/09/2017

Date