

P17000044726

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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17 MAY 22 AM 11:08

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 22 AM 11:18

05/22/17

## COVER LETTER

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

SUBJECT: Pollano, 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: Michele Pollano  
Name (Printed or typed)  
1902 Gina Dr.  
Address  
Tallahassee FL 32303  
City, State & Zip  
(850) 519-2341  
Daytime Telephone number  
AGCgutters@live.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: Pollans, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1902 GINA DR.  
Tallahassee FL. 32303

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business

ARTICLE IV SHARES

The number of shares of stock is: 1

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17 MAY 22 AM 11:18

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Pollans CEO Name and Title: \_\_\_\_\_

Address 1902 Gina Dr. Address: \_\_\_\_\_  
Tallahassee FL. 32303

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ 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: Michele Pollaro

Address: 1902 Gina Dr.

Tallahassee FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michele Pollaro

Address: 1902 Gina Dr.

Tallahassee FL 32303

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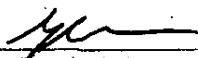
**ARTICLE VIII EFFECTIVE DATE:**

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 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*



Required Signature/Registered Agent

5-22-17

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

5-22-17

Date