P17000077485

(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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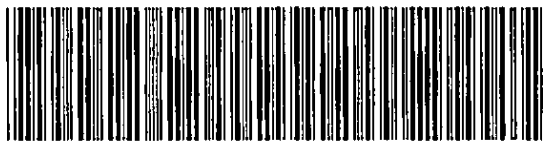

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17 SEP 25 PM 3:59

COVER LETTER

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

SUBJECT: Presto Pesto 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: Bob Garbowicz
Name (Printed or typed)

21515 Sheldon Avenue
Address

Port Charlotte, FL 33952
City, State & Zip

630 669 7071
Daytime Telephone number

bob@prestopesto.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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Presto Pesto Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

21515 Sheldon Avenue

Port Charlotte, FL 33952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bob Garbowicz President

Address: 21515 Sheldon Avenue, Port Charlotte, FL 33952

Name and Title:

Address:

Name and Title: Cindy Garbowicz Secretary

Address: 21515 Sheldon Avenue, Port Charlotte, FL 33952

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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17 SEP 25 PM 3:59
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: Cindy Garbowicz

Address: 21515 Sheldon Avenue

Port Charlotte, FL 33952

ARTICLE VII INCORPORATOR

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

Name: Bob Garbowicz

Address: 21515 Sheldon Avenue

Port Charlotte, FL 33952

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

Cindy Garbowicz 09/22/17

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.

Bob Garbowicz 09/22/17

Required Signature/Incorporator Date