P18000006291

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(During Falls Name)					
(Business Entity Name)					
(Document Number)					
0.15.10.1					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only

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COVER LETTER

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

SUBJECT: Tagliare	ni Enterprises, Inc.		
30bare1	(PROPOSED CORPOR/	ATE NAME – <u>MUST INCL</u>	UDE SUFF <u>IX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	hony Tagliareni Nam 5 Flemingwood Ct	e (Printed or typed)	
		Address	
San	ford, FL 32771		
	City	, State & Zip	
407	-617-8400		
	Daytime 1	l'elephone number	
ttag	liareni@att.net		
	E-mail address; (to be use	ed 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)

The name of the corporat	Tagliareni Enterprises, Inc.			
	IPAL OFFICE Principal street address		Mailing address, if different is:	
Sanford, FL 32771				
			<u></u>	
ARTICLE III PURPO The purpose for which the	<u>OSE</u> ne corporation is organized is:	nd operate one or me	ore businesses intended to provide	
employment opportuniti	es for certain adults with special needs.			
1				
			SEE A	
			H 9:	
			300 ± 5	
ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Anthony J Tagliareni, Co-Founder	Name and Title	Catherine L Tagliareni, Co-Founder	
Address	7725 Flemingwood Ct.	Address:	7725 Flemingwood Ct.	
	Sanford, FL 32771		Sanford, FL 32771	
Name and Title:		Name and Title	,	
Address		Address:	<u> </u>	
				
Name and Title:		Name and Title	<u>:</u>	
Address		Address:		

Name a	and Title:	Name and Title:	
Addre	ess	Address:	
			
ARTICI F VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
Name:	Anthony J Tagliareni		
Address:	7725 Flemingwood Ct	1 1 1 1 1 1 1 1 1 1	
	Sanford, FL 32771		,
ARTICLE VII	INCORPORATOR	112 1888	
The <u>name and</u>	address of the Incorporator is:		
Name:	Anthony J Tagliareni	\$	۸
Address:	7725 Flemingwood Ct		0
	Sanford, FL 32771		
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific a	18 (OPTIONAL) nd cannot be more than five days prior or 90 days after the	
	ite inserted in this block does not meet the a effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed as records.	
		of process for the above stated corporation at the place designated i tent as registered agent and agree to act in this capacity	n
Ant of Vagles _		March 8, 2018	
7	Required Signature/Registered A	Agent Date	
		erein are true. I am aware that the false information submitted in gree felony as provided for in s.817.155, F.S.	a
1.11	30/1/1	March 8, 2018	
Req	juired Signature/Incorporator	Date	