

P18 000 053 291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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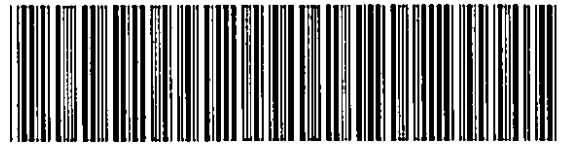
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUN 13 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



D O'KEEFE
JUN 15 2018

COVER LETTER

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

SUBJECT: Pecoraro Recruiters International Corp.

(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: Orazio Pecoraro
Name (Printed or typed)
11497 Oxwood Street
Address
Las Vegas, Nevada 89141
City, State & Zip
562-788-7730
Daytime Telephone number
rockypecoraro@hotmail.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 Pecoraro Recruiters International Corp.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11497 Oxwood Street,

1499 SW 21st Ln.

Las Vegas, NV. 89141

Boca Raton, Florida 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Conduct business for Executive Search Hospitality Industry.

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ARTICLE IV SHARES 10,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orazio Pecoraro, President

Name and Title: _____

Address 11497 Oxwood Street

Address: _____

Las Vegas, Nevada 89141

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: Anthony Pecoraro
Address: 1499 SW 21st Ln.
Boca Raton, Florida 33486

ARTICLE VII INCORPORATOR

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

Name: Orazio Pecoraro
Address: 11497 Oxwood Street
Las Vegas, NV 89141

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TALLAHASSEE, FLORIDA

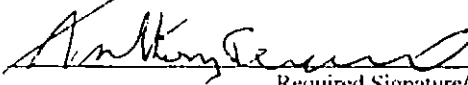
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

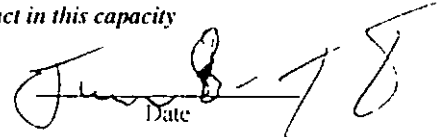
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

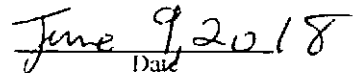


Date

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



Date