# P190002182

(Re	questor's Name)	<del></del> -
(Ad	dress)	
(Ad	dress)	<u>-</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only

M. MOON LC 60 NAC



800322538358

01/03/19--01006--021 \*\*128.75

FILED

19 JAN -3 AM 8: 35

SECRETARIAN STATEMENT AND ANALYSIS FOR THE PARTY OF THE

#### **COVER LETTER**

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



SUBJECT

### Certificate of Domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

#### FEES:

Certificate of Domestication	\$	50.00
Articles of Incorporation and Certified Copy	\$	78.75
Total to domesticate and file	\$1	28.75

#### **OPTIONAL:**

Certificate of Status

\$ 8.75

Suzanne Giglio & Co, Inc

Name (printed or typed)

12627 San Jose Blvd, Unit 803

Address

Jacksonville, FL 32223

City, State & Zip

(516) 586-8348

Daytime Telephone Number

Suzanne@suzannegigliocpa.com

E-mail address: (to be used for future annual report notification)

#### **CERTIFICATE OF DOMESTICATION**

The undersigned, Suzanne Young	President
(Name)	(Title)
of Suzanne Giglio & Co, Inc.	a foreign corporation.
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does here	by certify:
1. The date on which corporation was first formed was $\underline{J}$	une 9 , 2009
2. The jurisdiction where the above named corporation we came into being was Albany, New York	as first formed, incorporated, or otherwise
<ol> <li>The name of the corporation immediately prior to the f was Suzanne Giglio &amp; Co, Inc.</li> </ol>	iling of this Certificate of Domestication .
4. The name of the corporation, as set forth in its articles s. 607.0202 and 607.0401 with this certificate is Suza	
5. The jurisdiction that constituted the seat, siege social, of administration of the corporation, or any other equivale immediately before the filing of the Certificate of Dom Massapequa, New York	ent jurisdiction under applicable law,
6. Attached are Florida articles of incorporation to completo s. 607.1801.	ete the domestication requirements pursuant
l am President . of Suzanne Giglio & Co,	Inc.
and am authorized to sign this Certificate of Domestication so this the <a href="https://day.org/lanuary">1st</a> day of January	on behalf of the corporation and have done
Signine Joing (Authorized Signa	ture)

Filing Fee:

Certificate of Domestication
Articles of Incorporation and Certified Copy
Total to domesticate and file

\$ 50.00 \$ 78.75 \$128.75

#### ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
Suzanne Giglio & Co, Inc.	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRE	ESS IS:
Principal Address	Mailing Address
12627 San Jose Blvd	12627 San Jose Blvd
Unit 803	Unit 803
Jacksonville, FL 32223	Jacksonville, FL 32223
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS OF TO provide financial services	
	<u> ဗိုဒ္ဓိ ယ် I </u>
	8: 3:
	· ·

ARTICLE IV	SHARES	100
THE NUMBER OF	SHARES OF STOCK IS:	100

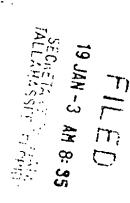
#### ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name		
President/Suzanne Young	Secretary/Suzanne Young		
624 Oxford Estates Way	624 Oxford Estates Way		
Saint Johns, FL 32259	Saint Johns, FL 32259		
Title/Name	Title/Name		
Treasurer/Suzanne Young			
624 Oxford Estates Way			
Saint Johns, FL 32259			
Title/Name	Title/Name		
	TALL)		
Title/Name	Title/Name  Title/Name  Title/Name		

## INITIAL REGISTERED AGENT AND STREET ADDRESS The <u>name and Florida street appress</u> (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Suzanne Young 624 Oxford Estates Way Saint Johns, FL 32259 ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: Suzanne Young 624 Oxford Estates Way Saint Johns, FL 32259 HAVING BEEN NAMED AS REGISTERED AGENT AND 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. 01/01/2019 Signature/Registered Agent Date

Signature Incorporator



01/01/2019