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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

MARTHA CICOPELLI
1058 NW 6TH DRIVE
BOCA RATON, FL 33486

SUBJECT: CICOPELLI ENTERPRISES INC
Ref. Number: W19000016856

We have received your document for CICOPELLI ENTERPRISES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 719A00003593

COVER LETTER

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

SUBJECT: CICORELLI ENTERPRISES 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARTHA CICORELLI
Name (Printed or typed)

1058 NW 6TH DRIVE
Address

BOCA RATON, FL 33486
City, State & Zip

201-832-3391
Daytime Telephone number

mcmirenda3@bellsouth.net
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

CICORELLI ENTERPRISES INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

1058 NW 6TH DRIVE

BOCA RATON, FL 33486

ARTICLE III PURPOSE

PROFIT, REAL ESTATE SALES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100 (ONE HUNDRED)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTHA CICORELLI (P) Name and Title: _____

Address: 1058 NW 6TH DRIVE Address: _____

BOCA RATON, FL 33486

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: MARTHA CICORELLI

Address: 1058 NW 6TH DRIVE

BOCA RATON, FL 33486

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARTHA CICORELLI

Address: 1058 NW 6TH DRIVE

BOCA RATON, FL 33486

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

1 Martha Cicorelli
Required Signature/Registered Agent

1-2-8-19
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.

1 Martha Cicorelli
Required Signature/Incorporator

1-2-8-19
Date