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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

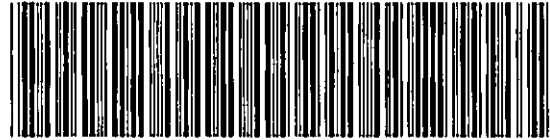
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Personal Home Management And Concierge Services  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: MARY CASA MASSIMO  
Name (Printed or typed)

11171 Mohawk Street  
Address

Boca Raton, FL 33428  
City, State & Zip

561-703-2025  
Daytime Telephone number

MARY@PersonalHomeManagement.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

The name of the corporation shall be: Personal Home Management And Concierge Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11171 Mohawk Street  
Boca Raton FL 33428

HE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 10090

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARY CASAMASSIMO CEO Name and Title:

Address 11171 Mohawk Street Address:

Boca Raton FL 33428

Name and Title: Nicholas Casamassimo Jr President Name and Title:

Address 4800 NW 59 Way Address:

Coral Springs FL 33067

Name and Title: Claudia Casamassimo Vice President Treasurer Name and Title:

Address 2101 5th Ave Address:

3W  
New-York NY 10035

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: MARY CASAMASSIMO  
Address: 11171 Mohawk Street  
Boca Raton, FL 33428

**ARTICLE VII INCORPORATOR**

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

Name: MARY CASAMASSIMO  
Address: 11171 Mohawk Street  
Boca Raton, FL 33428

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 1, 2019 (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.*

Mary Casamassimo  
Required Signature/Registered Agent

3/15/19  
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.*

Mary Casamassimo  
Required Signature/Incorporator

3/15/19  
Date