

P19000057488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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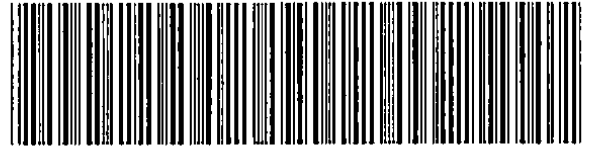
(Business Entity Name)

(Document Number)

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FILED  
2019 JUL 25 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JUL 25 PM 7:52

## COVER LETTER

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

**SUBJECT:** Rocket Recovery, 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:** Alessandro Valenti  
\_\_\_\_\_  
Name (Printed or typed)  
  
12386 State Road 535 STE 266  
\_\_\_\_\_  
Address  
  
Orlando, FL 32836  
\_\_\_\_\_  
City, State & Zip  
  
631-464-6522  
\_\_\_\_\_  
Daytime Telephone number  
  
ROCKETSLLC@gmail.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**

Rockets Recovery, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7960 W Gulf To Lake Hwy \_\_\_\_\_

STE 2 \_\_\_\_\_

Crystal River, FL 34429 \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS.  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

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

Alessandro Valenti President  
Name and Title: \_\_\_\_\_

12386 State Road 535  
Address: \_\_\_\_\_

STE 266 \_\_\_\_\_

Orlando, FL 32836 \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Alessandro Valenti  
Address: 12386 State Road 535 STE 266  
Orlando, FL 32836

**ARTICLE VII INCORPORATOR**

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

Name: Alessandro Valenti  
Address: 12386 State Road 535 STE 266  
Orlando, FL 32836

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/20/2019. (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*

Alessandro Valenti 07/20/2019  
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.*

Alessandro Valenti 07/20/2019  
Required Signature/Incorporator Date