

P19006073724

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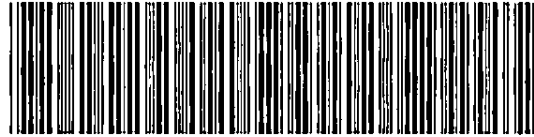
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SEP 30 2019



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10 SEP 30 PM 2:28

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August 25, 2019

19 SEP 30 PM 2:24

Julesa S. Dennis,

I am writing this letter to release the name PJP Services Inc per advice of the representative I spoke to by telephone in your office.

In speaking with your office (on 2 separate occasions) I was told my corporation will remain the same as originally filed with exception of the filing date ^{which} will now be the date indicated on the enclosed paper work. Thank You,

Peter Pizzarello
Concetta Pizzarello
443 NE Little Mullet Ct
Port St Lucie FL 34983
772-878-3940, 772-284-6190, 772-812-9591

COVER LETTER

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

18 SEP 30 PM 2: 24

SUBJECT: PJP Services 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 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: Peter Pizzarello
Name (Printed or typed)

443 NE Little Mullet Ct
Address

Port St Lucie FL 34983
City, State & Zip

772-878-3940
Daytime Telephone number

concella.grace@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

The name of the corporation shall be: PJP Services Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

443 NE Little Market Ct

Port St Lucie FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Secretarial Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Pizzarello Pres.

Name and Title: _____

Address _____

Address: _____

same as above

Name and Title: Concetta Pizzarello Treas.

Name and Title: _____

Address _____

Address: _____

same as above

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Address: _____

Peter Pizzanero
443 NE Little Mullet Ct.
Port St. Lucie, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

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

Peter Pizzanero

Required Signature/Registered Agent

8-5-2019

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.

Concetta Pizzanero

Required Signature/Incorporator

8-5-2019

Date