

P19000085644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

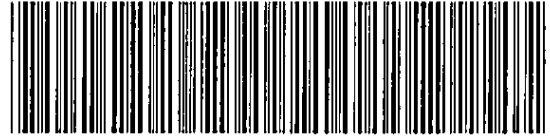
(Business Entity Name)

(Document Number)

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

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19 NOV 18 4:02:54

FILED  
2019 NOV 18 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ASYLUM TOWNS INC BEACHSIDE 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: MARCO CERITELLI  
Name (Printed or typed)

17 RICHARDSON PL  
Address

WASTCHESTER NY 12709  
City, State & Zip

646-645-3526  
Daytime Telephone number

ASYLUMTOWNS@AOL.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)

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## ARTICLE I NAME

The name of the corporation shall be: ASYLUM T&T BENCHSIDE INC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

143 SOUTH ATLANTIC AVE  
DAYTONA BEACH FL 32117

17 RICHARDSON PI  
EASTCHESTER NY 10709

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSPORT AND ALL  
LOW FUEL PURPOSES FOR WHICH A CORPORATION MAY  
BE FORMED

## ARTICLE IV SHARES

The number of shares of stock is: 200

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO CERITELLI - P Name and Title: \_\_\_\_\_

Address: 17 RICHARDSON PI Address: \_\_\_\_\_  
EASTCHESTER NY 10709

Name and Title: MARCO CERITELLI Name and Title: \_\_\_\_\_

Address: 143 SOUTH ATLANTIC AVE Address: \_\_\_\_\_  
DAYTONA BEACH FL 32118

Name and Title: DEBORAH N. JOHNSON Name and Title: MARCO CERITELLI

Address: 1888 WINGED FOOT BLVD #105 Address: 17 RICHARDSON PI  
TORRINGTON CT 06450 EASTCHESTER NY 10709

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: MARCO CERITELLI  
Address: 143 SOUTH ATLANTIC AVE  
OAKLAND BEACH FL 32118

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCO CERITELLI  
Address: 17 RICHARDSON PL  
ROCKBOSTER NY 10709

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CLERK OF STATE  
TAMMESA, FLORIDA

**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*

[Signature]  
Required Signature/Registered Agent

11/18/11  
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.*

[Signature]  
Required Signature/Incorporator

11/18/11  
Date