

Division of Corporations

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P1900093523

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dperrillo@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
SYMPHONY SALES AND ASSOCIATES, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

COVER LETTER

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

SUBJECT: Symphony Sales and Associates, 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: Julie Nolan
Name (Printed or typed)

1401 Lawrence Street, Suite 1900
Address

Denver, CO 8202
City, State & Zip

720.370.1157
Daytime Telephone number

julie.nolan@gmlaw.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 NAMEThe name of the corporation shall be: Symphony Sales and Associates, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
610 West Las Olas Blvd., #1216N
Fort Lauderdale, FL 33312

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Sales Company.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Danny Perrillo, PresidentAddress: 610 West Las Olas Blvd., #1216N
Fort Lauderdale, FL 33312Name and Title: Danny Perrillo, SecretaryAddress: 610 West Las Olas Blvd., #1216N
Fort Lauderdale, FL 33312Name and Title: Danny Perrillo, DirectorAddress: 610 West Las Olas Blvd., #1216N
Fort Lauderdale, FL 33312

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2019 DEC 17 AM 9:19
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TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Alan Cohn
Address: 200 E. Broward Blvd., Suite 1800
Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Alan Cohn
Address: 200 E. Broward Blvd., Suite 1800
Fort Lauderdale, FL 33301

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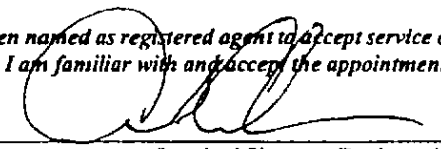
ARTICLE VIII EFFECTIVE DATE:

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.

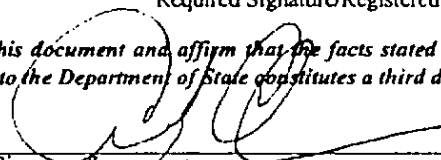
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/17/19
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.



Required Signature/Incorporator

12/17/19
Date