

To: FAX SERVICE

8/17/2020

P20000064665

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MILBERY B KESSELMAN CPAS, LLC  
Account Number : I20180000053  
Phone : (954)583-3223  
Fax Number : (954)583-3259

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
ROOFS ONLY FL, INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 AUG 24 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2020 AUG 24 PM 4:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. BURCH  
AUG 24 2020

**COVER LETTER**

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

**SUBJECT: ROOFS ONLY FL, 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: ROOFS ONLY FL, INC**

Name (Printed or typed)

**285 MATEO WAY NE, UNIT W**

Address

**ST. PETERSBURG, FL 33704**

City, State & Zip

**561-567-1286**

Daytime Telephone number

**BLUECOLLAREQUIPMENT@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**The name of the corporation shall be: ROOFS ONLY FL, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

285 MATEO WAY NE, UNIT WST. PETERSBURG, FL 33704**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ROOFING

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MICHAEL VECCHIONE, PresidentName and Title: SANDRA RECCHIONE, Vice PresidentAddress: 285 MATEO WAY NE, UNIT W  
ST. PETERSBURG, FL 33704Address: 285 MATEO WAY NE, UNIT W  
ST. PETERSBURG, FL 33704

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

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

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

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

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

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

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

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

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: MICHAEL VECCHIONE  
 Address: 285 MATEO WAY NE, UNIT W  
ST. PETERSBURG, FL 33704

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL VECCHIONE  
 Address: 285 MATEO WAY NE, UNIT W  
ST. PETERSBURG, FL 33704

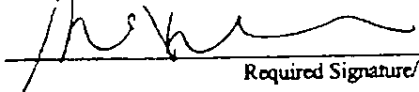
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**ARTICLE VIII EFFECTIVE DATE:**

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

08/12/2020

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

08/12/2020

Date