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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.
Account Number : I20200000174
Phone : (239)262-5303
Fax Number : (239)262-6030

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Email Address: conrad@swfloridalaw.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
FIVE STAR CLUTTER REMOVAL, INC.**

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

T. SCOTT

DEC 27 2021

COVER LETTER

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

SUBJECT: FIVE STAR CLUTTER REMOVAL, 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: LAW OFFICE OF CONRAD WILLKOMM, P.A.

Name (Printed or typed)

3201 TAMiami TRAIL N, 2ND FLOOR

Address

NAPLES, FL 34103

City, State & Zip

239-262-5303

Daytime Telephone number

CONRAD@SWFLORIDALAW.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: FIVE STAR CLUTTER REMOVAL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address2491 Dublin RoadAuburn, NY 13021

Mailing address, if different is:

2491 Dublin RoadAuburn, NY 13021**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEPHEN CRISAFULLI, P,S,DAddress: 2491 Dublin RoadAuburn, NY 13021Name and Title: CORTNEY M. CRISAFULLI, VP,D,TAddress: 2491 Dublin RoadAuburn, NY 13021

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

21 DEC 22 PM 12:13
ALABAMA SECRETARY OF STATE

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: LAW OFFICE OF CONRAD WILLKOMM, P.A.
Address: 3201 TAMiami TRl N, 2ND FLOOR
NAPLES, FL 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHEN CRISAFULLI
Address: 2491 Dublin Road
Auburn, NY 13021

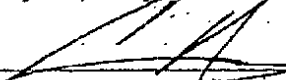
ARTICLE VIII EFFECTIVE DATE:

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

12/22/2021

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

Dec 21, 2021

Date