

P220000042634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

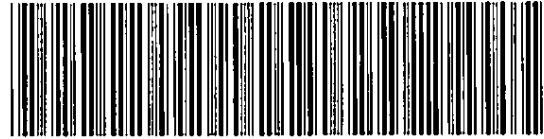
(Business Entity Name)

(Document Number)

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

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2022 MAY 31 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 MAY 31 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 714292 7247594

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 78.75

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ORDER DATE : May 31, 2022

ORDER TIME : 10:34 AM

ORDER NO. : 714292-005

CUSTOMER NO: 7247594  
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DOMESTIC FILING

NAME: ROYAL FLORIDA MANAGEMENT &  
CONSULTING CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Royal Florida Management & Consulting Corporation  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Alexander M. Fersa, Esq.  
Name (Printed or typed)

214 Brazilian Avenue, Suite 270  
Address

Palm Beach, Florida 33480  
City, State & Zip

973-535-1900  
Daytime Telephone number

fvcms6@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)

**ARTICLE I NAME**

The name of the corporation shall be: Royal Florida Management & Consulting Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1116 Marine Way W C2R  
North Palm Beach, FL 33408

Mailing address, if different is:

**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: 2,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Frank V. Cioppettini, Jr., President Name and Title: \_\_\_\_\_

Address 1116 Marine Way W C2R Address: \_\_\_\_\_  
North Palm Beach, FL 33408

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

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

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

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

**FILED**  
2022 MAY 31 AM 10:07  
STATE OF FLORIDA  
TALLAHASSEE, FL

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: Frank V. Cioppettini, Jr.

Address: 1116 Marine Way W C2R

North Palm Beach, FL 33408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alexander M. Fersa

Address: 214 Brazilian Avenue, Suite 270

Palm Beach, Florida 33480

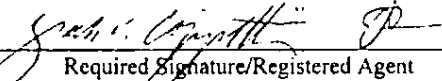
**ARTICLE VIII EFFECTIVE DATE:**

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.)

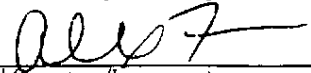
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/11/2022  
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

5/13/2022  
Date

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2022 MAY 31 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FL