

P22000062485

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
STEVEN W COLAVECCHIO CONSULTING INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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H22000268484

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: STEVEN W COLAVECCHIO CONSULTING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

103 ANTILA WAY
SAINT JOHNS, FL 32259**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 200 AT NO PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEVEN COLAVECCHIO - PRESIDENT/DIRECTOR

Name and Title: _____

Address 103 ANTILA WAY

Address: _____

SAINT JOHNS, FL 32259

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

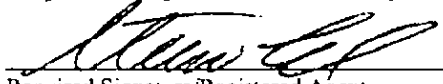
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:Name: STEVEN COLAVECCHIOAddress: 103 ANTILA WAYSAINT JOHNS, FL 32259**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: STEVEN COLAVECCHIOAddress: 103 ANTILA WAYSAINT JOHNS, FL 32259

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ARTICLE VIII EFFECTIVE DATE:

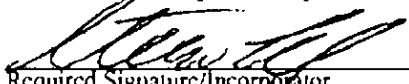
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

AUGUST 9, 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

AUGUST 9, 2022

Date

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