

P22000062485

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 : HUBCO
 Account Number : 104662003400
 Phone : (516)935-3940
 Fax Number : (516)935-3088

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

SCOLAVEC@AOL.COM

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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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Corporate Filing Menu

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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
103 ANTILA WAY
SAINT JOHNS, FL 32259

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

2022 AUG -9 PM 10:20
FLORIDA STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARESThe 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: _____

H22000268484

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: STEVEN COLAVECCHIO
 Address: 103 ANTILA WAY
 SAINT JOHNS, FL 32259

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: STEVEN COLAVECCHIO
 Address: 103 ANTILA WAY
 SAINT JOHNS, FL 32259

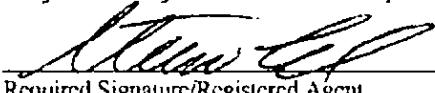
ARTICLE VIII EFFECTIVE DATE:

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.

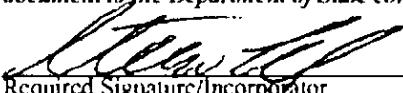
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 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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