

P 22000067219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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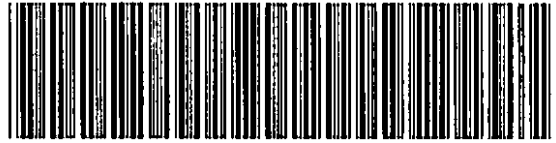
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Icon Builders 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: Antonetta Booi
Name (Printed or typed)

3475 Golden Gate Blvd. W.
Address

NAPES, FL 34120
City, State & Zip

239-316-0095
Daytime Telephone number

antonettaicon@yahoo.com
E-mail address: (to be used for future annual report notification)

22 AUG 17 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Icon Builders Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

3475 Golden Gate Blvd. W.
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL Lawfull Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruno Rodi Name and Title: Fernando Regis

Address: PRES Address: Vice PRES

3475 Golden Gate Blvd. W
Naples, FL 34108

3319 Gulf Pkwy
Naples, FL 34112

Name and Title: Jeffrey S. Thomas Name and Title: _____

Address: SEC. Address: _____

634 SE 12th Ave.
Cape Coral, FL 33990

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: Antonia A. Rovi
Address: 3415 Golden Gate Blvd. W
Naples, FL 34120

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Antonia A. Rovi
Address: 3415 Golden Gate Blvd. W.
Naples, FL 34120

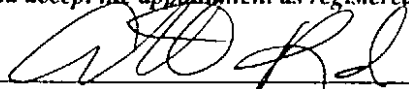
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/15/2022. (OPTIONAL)

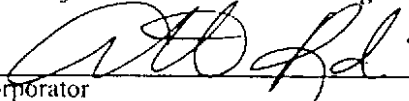
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

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

Date

FILED
22 AUG 17 2022
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
8/15/22