

P22600069754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

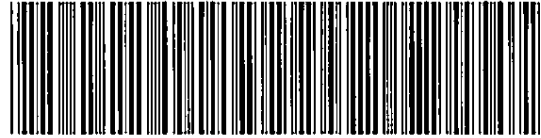
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SEP 10 2022

09/12/22--01001--009 **70.00

TALLAHASSEE, FLORIDA

2022 SEP -9 PM 2:59

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP -9 PM 3:49

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Michael and Lynn Dedeo, Inc.

Signature _____

Requested by: SETH

09/09/22

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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: Michael and Lynn Dedeo, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12329 Shadow Ridge Boulevard
Hudson, FL 34669

Mailing address, if different is:
12329 Shadow Ridge Boulevard
Hudson, FL 34669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Legal Business

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Anthony DeDeo, President Name and Title: Lynn Marie DeDeo, VP

Address 12329 Shadow Ridge Boulevard Address: 12329 Shadow Ridge Boulevard
Hudson, FL 34669 Hudson, FL 34669

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Michael Anthony DeDeo
Address: 12329 Shadow Ridge Boulevard
Hudson, FL 34669

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ARTICLE VII INCORPORATOR

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

Name: Michael Anthony DeDeo
Address: 12329 Shadow Ridge Boulevard
Hudson, FL 34669

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:

Michael A. DeDeo
Required Signature/Registered Agent

9-7-2022
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.

Michael A. DeDeo
Required Signature/Incorporator

9-7-2022
Date