

P22000078243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

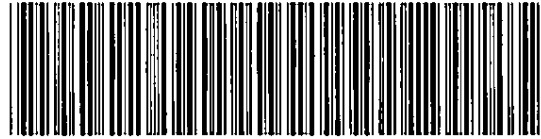
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

OCT 13 2022

RECEIVED
2022 OCT 12 PM 3:14
ALLAHASSEE, FLORIDA
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 12 PM 3:09

COVER LETTER

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

SUBJECT: Agliolio Franchising, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Stefani Eberhart
Name (Printed or typed)

13915 Greentree Trail
Address

Wellington, FL 33414
City, State & Zip

561-376-6933
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10-12-22

****WALK IN****

ENTITY NAME Agliolio Franchising, Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Heppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Agliolio Franchising, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: _____ Mailing address, if different is: _____
13915 GREENTREE TRAIL _____ 13915 GREENTREE TRAIL _____
WELLINGTON, FL 33414 _____ WELLINGTON, FL 33414 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Franchising company

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 12 PM 3:00

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Stefani Nicole Eberhart, President Name and Title: Jeffrey Duelfer, CEO
Address: 13915 GREENTREE TRAIL Address: 13915 GREENTREE TRAIL
WELLINGTON, FL 33414 WELLINGTON, FL 33414

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: Stefani Nicole Eberhart
 Address: 13915 GREENTREE TRAIL
WELLINGTON, FL 33414

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stefani Nicole Eberhart
 Address: 13915 GREENTREE TRAIL
WELLINGTON, FL 33414

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 3, 2023 (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

Stefani N Eberhart
 Required Signature Registered Agent

10/6/2022
 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.

Stefani N Eberhart

10/6/2022