

P23000039208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

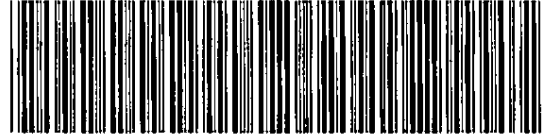
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200408543722

05/18/23--01002--004 \*\*70.00

FILED

23 MAY 18 PM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAY 18 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: ROSSI MECHANICAL 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: ADRIAN MIDDLETON, ESQ**  
Name (Printed or typed)

**1437 MARKET ST**  
Address

**TALLAHASSEE, FL 32312**  
City, State & Zip

**850 815 0256**

Daytime Telephone number

**BIZ@SWORDANDSHIELD.COM**

E-mail address: (to be used for future annual report notification)

RECEIVED  
TALLAHASSEE, FL 32314  
MAY 19 2004

23 MAY 19 PM 9:36

FILED

**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: **ROSSI MECHANICAL INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

612 North Brighton Road

< SAME

**Lecanto, FL 34461**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ANY AND ALL LEGAL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **P - NICHOLAS ROSSI**

Name and Title: \_\_\_\_\_

Address **612 North Brighton Road**  
**Lecanto, FL 34461**

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY  
FALL HARBOR, CT 06430

23 MAY 18 PM 9:36

FILED

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: SWORD & SHIELD LLC

Address: 1437 MARKET ST

TALLAHASSEE FL 32312

**ARTICLE VII INCORPORATOR**

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

Name: KAREN ARIZA

Address: 1437 MARKET ST

TALLAHASSEE FL 32312

**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

5.17.23

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

5.17.23

Date

FILED  
23 MAY 1 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32312