

1-Aug-2023 15:10  
8/1/23, 3:07 PM

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Fax 15168 31189  
Division of Corporations

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.\*\*

Email Address: MICHAELC@MC-TAX.NET

RECEIVED

2023 JUL 32 PM 4: 10

CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
CAMPANELLI SERVICE AND REPAIR FL INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FALL APPROVAL

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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: CAMPANELLI SERVICE AND REPAIR FL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 908 ROYAL BIRKDALE DRIVE, TARPON SPRINGS, FL 34688
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN CAMPANELLI - PRESIDENT/DIRECTOR
Address: 908 ROYAL BIRKDALE DRIVE, TARPON SPRINGS, FL 34688

Name and Title:
Address:

Name and Title:
Address:

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FALL ASSOCIATES, INC.

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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: JOHN CAMPANELLI  
 Address: 908 ROYAL BIRKDALE DRIVE  
TARPON SPRINGS, FL 34688

**ARTICLE VII INCORPORATOR**

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

Name: JOHN CAMPANELLI  
 Address: 908 ROYAL BIRKDALE DRIVE  
TARPON SPRINGS, FL 34688

2023 AUG - 1 PM 4:09  
 FALLA REGISTR. 10/11/23

**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:*

John Campanelli \_\_\_\_\_ AUGUST 1, 2023  
JOHN CAMPANELLI 2023 AUG 1 10:11:00 Date

Required Signature/Registered Agent JOHN CAMPANELLI

*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.*

John Campanelli \_\_\_\_\_ AUGUST 1, 2023  
JOHN CAMPANELLI 2023 AUG 1 10:11:00 Date

Required Signature/Incorporator JOHN CAMPANELLI

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