

P23000059601

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : RAS1
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2023 AUG 14 PM 3:33

S. of N. S.

FLORIDA PROFIT/NON PROFIT CORPORATION
Pappalardo Prosperity Planners Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Pappalardo Prosperity Planners Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
5558 SR-A1A
Vero Beach, FL 32963

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Soliciting retail clients

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincent Anthony Pappalardo, Director

Address 5558 SR-A1A
Vero Beach, FL 32963

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: Vincent Anthony Pappalardo
Address: 5558 SR-A1A
Vero Beach, FL 32963

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vincent Anthony Pappalardo
Address: 5558 SR-A1A
Vero Beach, FL 32963

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/13/23 (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
08/04/2023
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted on a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Required Signature/Incorporator
08/04/2023
Date

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SECRETARY OF STATE
ALLIANCE, FL

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