

9/21/23, 10:43 AM

P2300068531

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000332801 3)))



H230003328013ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: pelizarova@paceimmigration.com

FLORIDA PROFIT/NON PROFIT CORPORATION
J & J Nardi Carpentry Inc.

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

RECEIVED

2023 SEP 21 PM 12:15

SEP 21 2023

Electronic Filing Menu

Corporate Filing Menu

Help



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2023 SEP 21 PM 12:52

FILED

(((H23000332801 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: J & J Nardi Carpentry Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

777 S Federal Hwy G217Pompano Beach, FL 33062**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Wood and Metal Framing Homes**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Giuseppe Nardi, Director, President

Name and Title: _____

Address

208 La Rose Ave, Unit 15, Toronto

Address: _____

ON, Canada M9P 1B5

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
 2023 SEP 21 PM 12:52
 STATE
 OF FLORIDA
 COUNTY OF MIAMI

(((H23000332801 3)))

((H123000332801 3)))

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.

Address: 7901 4th Street N, Ste 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Giuseppe Nardi

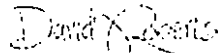
Address: 208 La Rose Ave, Unit 15, Toronto

ON, Canada M9P 1B5

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

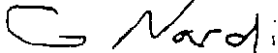
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

08/31/2023

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

9/20/2023

Date

FILED

2023 SEP 21 PM 12:52

DEPARTMENT OF STATE

TALLAHASSEE, FL

(((H123000332801 3)))