

A24000011828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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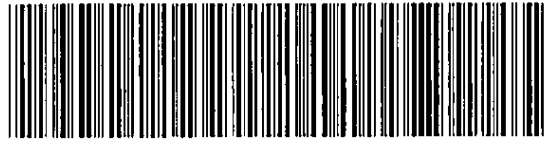
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: SAVOCA Management, 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: Sharon Savoca Mehini  
Name (Printed or typed)

5361 SE Bueningtree Circle  
Address

Buena Vista, FL 34997  
City, State & Zip

646-226-7731  
Daytime Telephone number

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

**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: SAVOCA MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

100 SW Albany Ave.  
Suite 30

STUART, FL. 34994

Mailing address, if different is:

5361 SE BURNING TREE CIRCLE

STUART, FL. 34997.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SAVOCA Management will provide  
Strategic business services to grow business capacity with  
experience in the Diversity Market.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHARON SAVOCA MAHON Name and Title: President

Address: 5361 SE BURNING TREE CIRCLE  
STUART, FL.  
34997.

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: Sharon SAVOCA MAHIN  
Address: 5361 SE BURNING TREE Circle  
Stuart, FL 34994

**ARTICLE VII INCORPORATOR**

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

Name: SAVOCA MANAGEMENT INC  
Address: 5361 SE BURNING TREE Circle  
Stuart, FL 34997


**ARTICLE VIII EFFECTIVE DATE:**

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

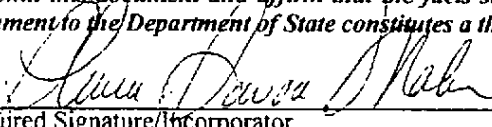
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 1/9/24  
Required Signature/Registered Agent 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.*

 1/9/24  
Required Signature/Incorporator Date

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