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TALLAHASSEE, FL

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MATTHEW NICOLETTI, P.A.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
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TALLAHASSEE FL

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Signature

Requested by:

Name

Date

Time

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COVER LETTER

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

SUBJECT: MATTHEW NICOLETTI, P.A.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MATTHEW NICOLETTI

Name (Printed or typed)

8159 Westfield Circle

Address

Vero Beach, FL 32966

City, State & Zip

(860) 882-7228

Daytime Telephone number

mnicoletti@tworld.com

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

2024 FEB 19 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FL

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: MATTHEW NICOLETTI, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8159 Westfield Circle, Vero Beach, FL 32966

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Agent

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW NICOLETTI, President

Name and Title: MATTHEW NICOLETTI, Secretary

Address 8159 Westfield Circle

Address: 8159 Westfield Circle

Vero Beach, FL 32966

Vero Beach, FL 32966

Name and Title: MATTHEW NICOLETTI, Treasurer

Name and Title: MATTHEW NICOLETTI, Director

Address 8159 Westfield Circle

Address: 8159 Westfield Circle

Vero Beach, FL 32966

Vero Beach, FL 32966

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
FLORIDA
VERO BEACH, FL

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: MATTHEW NICOLETTI
Address: 8159 Westfield Circle
Vero Beach, FL 32966

ARTICLE VII INCORPORATOR

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

Name: MATTHEW NICOLETTI
Address: 8159 Westfield Circle
Vero Beach, FL 32966

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

DocuSigned by:
Matthew Nicoletti
D3DD6E8A78044C0 Required Signature/Registered Agent

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.

DocuSigned by:
Matthew Nicoletti
Required Signature/Incorporator

2/16/2024
Date
FILED
2/16/2024
Date