

P25000039398

PC
7-1525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

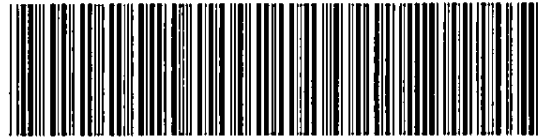
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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1:12

2025 JUL 11 AM 11:09
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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 07/11/25
Order #: 3965124-1
Re: Lemon Bay Management, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'Special Instructions' field.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

SUBJECT: Lemon Bay 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Anthony Pantano

Name (Printed or typed)

125 Chubb Avenue

Address

Lyndhurst, NJ 07071

City, State & Zip

201-350-5896

Daytime Telephone number

apantano@amorsopantano.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: Lemon Bay Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

c/o Amoroso Pantano PC

Lemon Bay Management, Inc.

125 Chubb Avenue

P.O. Box 8070

Lyndhurst, NJ 07071

Pelham, NY 10803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tony de Nicola, President

Name and Title: Christie de Nicola, Secretary

Address: P.O. Box 8070

Address: P.O. Box 8070

Pelham, NY 10803

Pelham, NY 10803

Name and Title: Laura Pascual, Treasurer

Name and Title: Tony de Nicola, Officer

Address: P.O. Box 8070

Address: P.O. Box 8070

Pelham, NY 10803

Pelham, NY 10803

Name and Title: Tony de Nicola, Director

Name and Title: Christie de Nicola, Director

Address: P.O. Box 8070

Address: P.O. Box 8070

Pelham, NY 10803

Pelham, NY 10803

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Pantano, Esq.

Address: 125 Chubb Avenue

Lyndhurst, NJ 07071

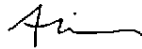
ARTICLE VIII EFFECTIVE DATE:

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

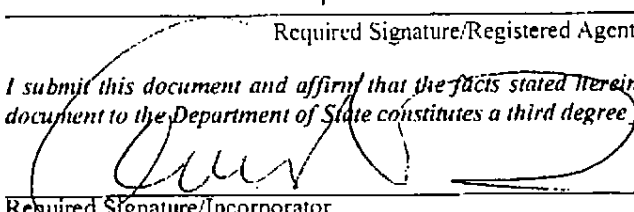


Required Signature/Registered Agent

07/11/2025

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

07/09/2025

Date