

P99000074640

TRANSMITTAL LETTER

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

600002959286--6
-08/13/99--01064--018
*****78.75 *****78.75

SUBJECT: Peter F. Prestigiacomo Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate	<input type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED			

FROM: Peter F. Prestigiacomo
Name (Printed or typed)

1290 Malone Ave
Address

Spring Hill, Florida, 34606
City, State & Zip

352-684-5901
Daytime Telephone number

99 AUG 16 PM 5: 06
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

COMMON CASE AUG 20 1999

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Peter F. Prestigiacomo Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1290 Malone Ave.
Spring Hill, FL 34606

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

1290 Malone ave. Peter F. Prestigiacomo
Spring Hill, FL 34606

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Peter F Prestigiacomo
1290 Malone ave
Springhill, Fla 34606



Signature/Incorporator

8/11/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

8/11/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 16 PM 5:06

FILED