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ALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Fazz	zio Consulting, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Andrea S. Fazzio			
Name (Printed or typed)				
	5202 NW 30th Ln	Address		
	Gainesville FL 32606	State & Zip		
	541-990-3011	elephone number	,	

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:

Fazzio Consulting, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5202 NW 30th Ln Gainesville FL 32606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting with and training of evaluators of possible re-offenders.

ARTICLE IV SHARES

The number of shares of stock is:

50 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Andy Fazzio 5202 NW 30th Ln Gainesville FL 32606

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Andy Fazzio 5202 NW 30th Ln Gainesville FL 32606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andy Fazzio 5202 NW 30th Ln Gainesville FL 32606

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

Signature/Registered Agent Date

Date

10-10-07

Signature/Incorporator Date