

P22000062485

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H22000268484 3))



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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

SCOLAVEC@AOL.COM

Email Address: _____

2022 AUG -9 AM 10:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
STEVEN W COLAVECCHIO CONSULTING INC

2022 AUG -9 AM 10:18
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

HL

H22000268484

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: STEVEN W COLAVECCHIO CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
103 ANTILA WAY
SAINT JOHNS, FL 32259

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 AT NO PAR VALUE

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN COLAVECCHIO - PRESIDENT/DIRECTOR Name and Title: _____

Address 103 ANTILA WAY Address: _____
SAINT JOHNS, FL 32259 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

H22000268484

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: STEVEN COLAVECCHIO
 Address: 103 ANTILA WAY
SAINT JOHNS, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEVEN COLAVECCHIO
 Address: 103 ANTILA WAY
SAINT JOHNS, FL 32259

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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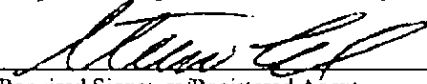
ARTICLE VIII EFFECTIVE DATE:

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.)

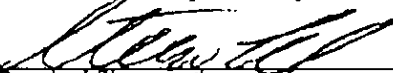
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

AUGUST 9, 2022
 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

AUGUST 9, 2022
 Date