

P25000001318

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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

Email Address: _____

RECEIVED

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FLORIDA PROFIT/NON PROFIT CORPORATION
CMC OF PUNTA GORDA INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRET
TALLAHASSEE, FL 32304

2025 JAN -8 PM 4:20

FILED

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:

CMC OF PUNTA GORDA INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

3261 CARGO STREET

FORT MYERS, FLORIDA 33916

Mailing address, if different is:

3261 CARGO STREET

FORT MYERS, FLORIDA 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO MASTRONARDI

Address: DIRECTOR AND PRESIDENT

3261 CARGO STREET

FORT MYERS, FLORIDA 33916

Name and Title: ANTONIO MASTRONARDI

Address: DIRECTOR AND VICE PRESIDENT

67 PARKVIEW DRIVE

SEARINGTOWN, NY 11507

Name and Title: VINCENZO COSTANZA

Address: DIRECTOR AND TREASURER

157-28 20TH ROAD

WHITESTONE, NY 11357

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIO MASTRONARDI
Address: 3261 CARGO STREET
FORT MYERS, FLORIDA 33916

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAWRENCE KIRSCH
Address: 41 STATE STREET SUITE 700
ALBANY, NY 12207

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

/s/ MARIO MASTRONARDI
Required Signature/Registered Agent

1/8/25
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.

Lawrence A. Kirsch
Required Signature/Incorporator

Date 1/8/25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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