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| (Re                      | questor's Name)   |           |  |  |  |
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| (City/State/Zip/Phone #) |                   |           |  |  |  |
| PICK-UP                  | ☐ WAIT            | MAIL      |  |  |  |
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| (Bu                      | siness Entity Nam | ne)       |  |  |  |
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| Certified Copies         | Certificates      | of Status |  |  |  |
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| Special Instructions to  | Filing Officer:   |           |  |  |  |
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Office Use Only



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# TRANSMITTAL LETTER

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

| SUBJECT: Add                       | dam L. Roma, PA                            |  |  |                 |       |
|------------------------------------|--|--|--|-----------------|-------|
|                                    | (PROPOSED CORPORA)                         | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)  |                 |       |
| Enclosed are an orig               | ginal and one (1) copy of the artic        | cles of incorporation and                          | d a check for:   |                 |       |
| \$70.00 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:                              | Addam Roma                                 | Printed or typed)                                  |  | •               |       |
|                                    | 14925 SE 25th Avenue                       |  |  | 7. (            |       |
| Address Summerfield, Florida 34491 |  |  |  | 05 J#1 25       | _11   |
|                                    | 352-427-3373                               | State & Zip  |  | S PH :          | FILED |
| -                                  | Daytime Te                                 | elephone number                                    |  | : 28<br>[ (1) [ |       |

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

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## 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:

Addam L. Roma, PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

32306 Oak Bluff Drive Sorrento, Florida 32776

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Professional association for the sale of real estate.

#### ARTICLE IV **SHARES**

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Addam L. Roma, Pres/VP/Treas/Sec'y 32306 Oak Bluff Drive Sorrento, Florida 32776

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Addam L. Roma 32306 Oak Bluff Drive Sorrento, Florida 32776

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Addam L. Roma 32306 Oak Bluff Drive Sorrento, Florida 32776

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 a "secent the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporato

1/7/2005

Date

1/7/2005

Date