

PD7000023930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

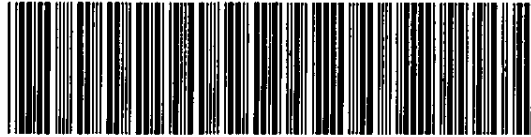
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300086701733

02/05/07--01042--026 **87.50

FILED

07 FEB 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
2/22

07-6129

COVER LETTER

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

SUBJECT: LIDIA CAPRIOTTI

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LIDIA CAPRIOTTI

Name (Printed or typed)

1849 S. OCEAN DR. # 214

Address

HALLANDALE , FLORIDA , 33009

City, State & Zip

786-258-2530

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2007

LIDIA CAPRIOTTI
1849 S OCEAN DR
#214
HALLANDALE, FL 33009

SUBJECT: LIDIA CAPRIOTTI P.A.
Ref. Number: W07000006129

RECEIVED
07 FEB 22 PM 12:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for LIDIA CAPRIOTTI P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 707A00008931

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:

LIDIA CAPRIOTTI P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

18100 NE 19 AVE. # 100 NORTH MIAMI BEACH FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LIDIA CAPRIOTTI
1849 S. OCEAN DR. # 214
HALLANDALE FL, 33009
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

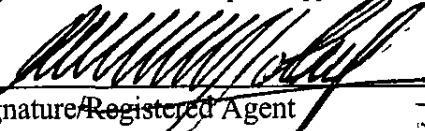
AMADEO ANDRES MAZZOLINI
1849 S. OCEAN DR # 214
HALLANDALE FL, 33009

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

LIDIA CAPRIOTTI
18100 NE 19 AVE. #100
NORTH MIAMI BEACH FL, 33162

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



Signature/Incorporator

FILED
07 FEB 22 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/17/2007

Date

02/17/2007

Date