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TALLAHASSEE, FLORIDA

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T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 012059 8083379

AUTHORIZATION :

Spudde man

COST LIMIT : \$70.00

ORDER DATE : February 10, 2016

ORDER TIME : 9:14 AM

ORDER NO. : 012059-005

CUSTOMER NO: 8083379

DOMESTIC FILING

NAME: FLOREAN MADER, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Florean Mader, P.A.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: John Licciardi

Name (Printed or typed)

4135 7th Avenue SW

Address

Naples, FL 34119

City, State & Zip

239.261.6000

Daytime Telephone number

attorneyjll@gmail.com

E-mail address: (to be used for future annual report notification)

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: Floean Mader; P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 247 Point Salerno
Mailing address, if different is: Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate transactions and all related activities.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Floean Mader, President	Name and Title:	Edward John Mader, Secretary
Address	247 Point Salerno Naples, FL 34108	Address:	247 Point Salerno Naples, FL 34108
Name and Title:	Jason Nevader, Treasurer	Name and Title:	
Address	9048 Bay Drive Surfside, Florida 33154	Address:	
Name and Title:		Name and Title:	
Address		Address:	

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TALLAHASSEE, FLORIDA

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: Florean Mader
 Address: 247 Point Salerno
 Naples, FL 34108

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Licciardi
 Address: 4135 7th Avenue SW
 Naples, FL 34119

ARTICLE VIII EFFECTIVE DATE: February 7, 2016
 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 business days prior or 90 business 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

By: Florean Mader 2-3-16
 Required Signature/Registered Agent 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.

John P. Licciardi 2-3-16
 Required Signature/Incorporator Date