

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 632  
Tallahassee, FL 32314

800003084388-4  
-12/30/99--01054-012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

Gina Micalizio P.A.

(Proposed corporate name - must include suffix)

Enclosed is 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:

Gina Micalizio

Name (Printed or typed)

302 South Fremont Ave #1510

Address

Tampa FL 33606

City, State & Zip

813-258-0987

Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 DEC 30 PM 2:39

FILED

1-600

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopts the following Articles of Incorporation.

### Article I

The name of the corporation shall be Gina Micalizio P.A.

### Article II

The principal place of business and mailing address of this corporation shall be 502 South Fremont Ave., #1510, Tampa, Fl. 33606.

### Article III

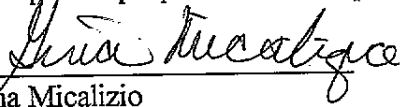
The number of shares of stock that this coporation is authorized to have outstanding at any one time is 100.

### Article IV

The name and Florida street address of the initial registered agent are John Boik c/o Washington Mutual Finance, 8900 Grand Oak Circle, Tampa, Fl. 33637.

### Article V

The specific purpose of this corporation is to provide legal services.

  
Gina Micalizio  
502 South Fremont Ave. #1510  
Tampa, Fl. 33606

12/28/99  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

  
John Boik, Registered Agent

12/28/99  
Date

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99 DEC 30 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA