# P04000032006

| (Requestor's Name)      |                   |           |  |  |
|-------------------------|-------------------|-----------|--|--|
|                         |                   |           |  |  |
| (Address)               |                   |           |  |  |
|                         |                   |           |  |  |
| (Address)               |                   |           |  |  |
|                         |                   |           |  |  |
| (Cit                    | y/State/Zip/Phone | #)        |  |  |
|                         |                   |           |  |  |
| PICK-UP                 | MAIT              | MAIL      |  |  |
|                         |                   |           |  |  |
| (Bu                     | siness Entity Nam | e)        |  |  |
| ·                       | •                 | •         |  |  |
| (Do                     | cument Number)    |           |  |  |
| Ç-                      | •                 |           |  |  |
| Certified Copies        | Certificates      | of Status |  |  |
|                         | _ ocidioaces      | o, otatus |  |  |
|                         |                   |           |  |  |
| Special Instructions to | Filing Officer:   | į         |  |  |
|                         |                   |           |  |  |
|                         |                   |           |  |  |
| :                       |                   |           |  |  |
|                         |                   |           |  |  |
|                         |                   |           |  |  |
|                         |                   |           |  |  |
|                         |                   |           |  |  |

Office Use Only



500028541365

00/12/04--01052--002 \*\*70.00

FILED

OUFEBIZ PHIZ: 00

SECURIANSE FROM IS.

V

948/18

# TRANSMITTAL LETTER

| Department of State  |                                    |                             |                       |                                       |
|----------------------|------------------------------------|-----------------------------|-----------------------|---------------------------------------|
| Division of Corporat | tions                              | •                           | •                     | e e e e e e e e e e e e e e e e e e e |
| P. O. Box 6327       |                                    |                             |                       |                                       |
| Tallahassee, FL 323  | 314                                |                             |                       |                                       |
|                      |                                    |                             |                       |                                       |
| I                    | C. O                               |                             |                       |                                       |
| SUBJECT: Jame        | es C. Caserta, P.A.                | TIV STANTE SATISFA INDE     | ISE SUBERN            |                                       |
|                      | (PROPOSED CORPORA                  | TE NAME – <u>MUST INCLU</u> | DE SUFFIX)            | r ren -                               |
|                      |                                    |                             |                       |                                       |
|                      |                                    |                             |                       |                                       |
| England on an aria   | inal and ano (1) same afther mati  | _1                          | 11- C                 |                                       |
| Enclosed are an orig | inal and one (1) copy of the artic | cies of incorporation and   | a check for:          | 1                                     |
| <b>☑</b> \$70.00     | <b>3</b> \$78.75                   | <b>□</b> \$78.75            | □ \$87.50             |                                       |
| Filing Fee           | Filing Fee                         | Filing Fee                  | Filing Fee,           |                                       |
|                      | & Certificate of Status            | & Certified Copy            | Certified Copy        |                                       |
|                      |                                    |                             | & Certificate of      |                                       |
|                      |                                    | ADDITIONAL CO               | Status<br>PV REQUIRED |                                       |
|                      |                                    |                             | T ALQUINED            |                                       |
| EDOM: Al             | bertelli Title, Inc.               |                             |                       |                                       |
| FROM:                | Name                               | (Printed or typed)          |                       |                                       |
|                      |                                    |                             |                       |                                       |
| _                    | 5200 Belfort Road, Suite 2         |                             |                       |                                       |
| _                    | A                                  | Address                     |                       |                                       |
|                      |                                    |                             |                       |                                       |
| <b></b>              | Jacksonville, FL 32256             |                             |                       | 151 4                                 |
|                      | City,                              | State & Zip                 |                       |                                       |
|                      | 904-285-1445                       |                             |                       |                                       |
| -                    |                                    | elephone number             |                       |                                       |

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:

James C. Caserta, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2200 Florida Avenue

Fernandina Beach, FL 32034

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

James C. Caserta shall be organized for the professional services of James C. Caserta, a licensed real-estate agent. License No. BK552514

### ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President- James C. Caserta

Vice Pres.- James C. Caserta

Treasurer- James C. Caserta

Secretary- James C. Caserta

O4 FEB 12 PM 12: 00

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Albertelli Title, Inc. 5200 Belfort Road, Suite 250 Jacksonville, FL 32256

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Albertelli Title, Inc. 5200 Belfort Road, Suite 250 Jacksonville, FL 32256

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

1/29/04 Date

1/29/04