

A/5/27/04

TRANSMITTAL LETTER

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

SUBJECT: MICHAEL A. ANASTASIA, 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: A BETTER BUSINESS & TAX SERVICE
Name (Printed or typed)

600 Goodlette Road North, Ste. 104
Address

Naples, FL 34102
City, State & Zip

941-263-0829
Daytime Telephone number

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

**MICHAEL A. ANASTASIA, P.A.
800 RIVERPOINT DRIVE, UNIT 319
NAPLES, FLORIDA 34102**

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

Re: Filing of Articles of Incorporation for **MICHAEL A. ANASTASIA, P.A.**

Dear Sirs:

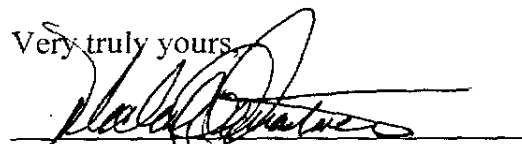
I enclose the original of the Articles of Incorporation for **MICHAEL A. ANASTASIA, P.A.** Further enclosed is my check in the amount of \$78.75 P.A.yable to the Florida DeP.A.rtmment of State.

Please file the original of the Articles and return your receipt and Certified Copy.

If you have any further questions or require additional information, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,


MICHAEL A. ANASTASIA
President

HW/jaa

Enclosures

Fees as follow:

Certified Copy
Filing Fee for Articles
Registered Agent



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 18, 2004

A BETTER BUSINESS & TAX SERVICE
600 GOODLETTE RD NORTH
STE 104
NAPLES, FL 34102

SUBJECT: MICHAEL A. ANASTASIA, P.A.
Ref. Number: W04000019181

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

04 MAY 27 AM 9:08

RECEIVED

We have received your document for MICHAEL A. ANASTASIA, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6855.

Tammy Hampton
Document Specialist
New Filings Section

Letter Number: 204A00034816

EFFECTIVE DATE
05/20/2004

**ARTICLES OF INCORPORATION
Of**

MICHAEL A. ANASTASIA, P.A.

FILED

04 MAY 27 AM 9:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purposes of forming a Corporation under Section 607.164 of the Florida General Corporation Act, do hereby certify as follows:

Article I

Corporate Name and Address

The name of the Corporation is **MICHAEL A. ANASTASIA, P.A.**, and the street address of the Corporation is:

**800 RIVERPOINT DRIVE, UNIT 319
NAPLES, FLORIDA 34102**

Article II

Corporate Purposes

The Corporation is organized to function as **REALTOR** and any related business services and to otherwise engage in any activity or business permitted under the laws of the United States of America and in the state of Florida.

Article III

Authorized Stock

The aggregate number of shares of the Corporation shall be 50,000, of which 1,000 are to be issued as voting common stock with a P.A.r value of \$1.00.

Article IV

Registered Office and Registered Agent

The street address of the initial registered office of the Corporation in the state of Florida shall be:

**800 RIVERPOINT DRIVE, UNIT 319
NAPLES, FLORIDA 34102**

The name of the initial registered agent of the Corporation at the registered office shall be **MICHAEL A. ANASTASIA**.

Article V
Initial Board of Directors

The initial Board of Directors of the Corporation shall be comprised of **ONE (1)** person(s). The name and address of the initial Director(s) is as follows:

<u>NAME</u>	<u>ADDRESS</u>
MICHAEL A. ANASTASIA	800 RIVERPOINT DRIVE UNIT 319 NAPLES, FLORIDA 34102

Article VI
Incorporator

The name and address of the Incorporator of the Corporation is:

**MICHAEL A. ANASTASIA
800 RIVERPOINT DRIVE, UNIT 319
NAPLES, FLORIDA 34102**

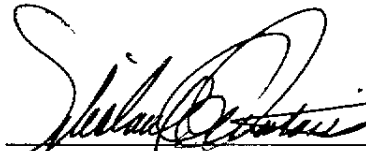
Article VII
Commencement of Existence

The Corporation shall be deemed to commence on the 20TH of **MAY, 2004**.

Article VIII

Duration

The term of existence of the Corporation is perpetual. IN WITNESS WHEREOF, the undersigned, as Incorporator has executed the foregoing Articles of Incorporation this 13TH day of MAY, 2004.



MICHAEL A. ANASTASIA
Incorporator

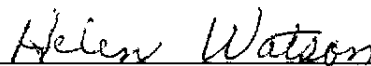
STATE OF FLORIDA

COLLIER COUNTY

Before me personally appeared **MICHAEL A. ANASTASIA** to me personally known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation and acknowledged before me that **he/she** subscribed to these Articles of Incorporation this 13TH day of **MAY, 2004**.



Helen Watson
MY COMMISSION # DD031175 EXPIRES
August 13, 2005
BONDED THRU TROY FAIN INSURANCE, INC.



Notary Public, Helen Watson
My Commission Expires: 08-13-2005

**ACCEPTANCE OF REGISTERED AGENT
FOR**

MICHAEL A. ANASTASIA, P.A.

I, **MICHAEL A. ANASTASIA**, having signed the within as registered agent of **MICHAEL A. ANASTASIA, P.A.**, (the Corporation) at the registered address of **800 RIVERPOINT DRIVE, UNIT 319, NAPLES, FLORIDA, 34102**, do hereby agree as the registered agent to accept service of process, to keep an office of the Corporation open during the prescribed hours, and to post my name, **MICHAEL A. ANASTASIA**, and that of any officer of the Corporation authorized to accept service of process at the above Florida designated address, in some conspicuous place in the office of the Corporation as required by law.

A handwritten signature in black ink, appearing to read "Michael A. Anastasia", is written over a horizontal line.

MICHAEL A. ANASTASIA
Registered Agent

AFFIDAVIT

FILED
04 MAY 27 AM 9:57
TALLAHASSEE, FLORIDA

May 21, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: MICHAEL A. ANASTASIA, P.A.
Doc. No.: P98000043561

I, Michael A. Anastasia, do not intend to revoke the administrative dissolution of Michael A. Anastasia, P.A.

I am releasing this to MICHAEL A. ANASTASIA, P.A.


Michael A. Anastasia


State of Florida

County of Collier

The foregoing instrument was acknowledged before me this 21st day of May, 2004, by Michael A. Anastasia who is personally known to me and who did take an oath.



Helen Watson
MY COMMISSION # DD031175 EXPIRES
August 13, 2005
BONDED THRU TROY FAJN INSURANCE, INC.


Notary Public, State of Florida
Helen Watson
My Commission Expires: 08/13/2005