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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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TRANSMITTAL LETTER

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

SUBJECT: Eug	ene Stilianopoulos, P.A (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Eugene Stilianopoulos	(Printed or typed)		
	5625 Bayside Dr			
	Orlando, FL 32819	Address		01 NOF 70
	City (407) 399-9832	, State & Zip		10 PH
		Telephone number		 :0

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:

Eugene Stilianopoulos, P.A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5625 Bayside Dr Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation, Eugene Stilianopoulos, P.A., will have as its purpose the practice of law and the provision of legal services.

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 999, with a par value of \$1,00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

The initial President will be Eugene Stilianopoulos

ARTICLE VI	REGISTERED AGENT ida street address of the registered agent is:	, 70	SEC:	
Eugene Stilianopoul 5625 Bayside Dr. Orlando, FL 32819		50H 10 PH 1	NO PHI	
The <u>name and add</u> Eugene Stilianopoul 5625 Bayside Dr. Orlando, FL 32819	ress of the Incorporator is:	. 04		