

PO4000143236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

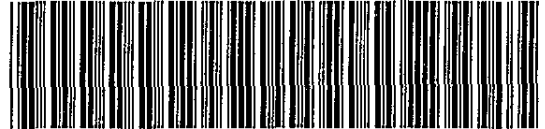
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TH 10/15/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Kimberly Conforti, 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kimberly Conforti, P.A.

Name (Printed or typed)

3009 Savannah Oaks Circle

Address

Tarpon Springs, FL 34688

City, State & Zip

727-992-9542

Daytime Telephone 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:

Kimberly Conforti, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3009 Savannah Oaks Circle  
Tarpon Springs, FL 34688

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real-Estate

### ARTICLE IV SHARES

The number of shares of stock is:

500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kimberly Conforti- President  
3009 Savannah Oaks Circle  
Tarpon Springs, FL 34688

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kimberly Conforti - President  
3009 Savannah Oaks Circle  
Tarpon Springs, FL 34688

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly Conforti  
3009 Savannah Oaks Circle  
Tarpon Springs, FL 34688

\*\*\*\*\*  
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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature Incorporator

Date

FILED

04 OCT 15 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA