

POS000074048

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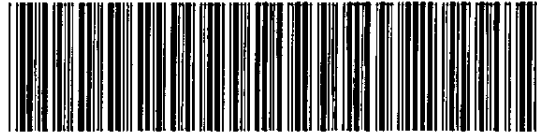
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
05 MAY 20 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

5-23

## TRANSMITTAL LETTER

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

SUBJECT: Letty Fazio, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Leticia Fazio  
Name (Printed or typed)

5333 NW 109 Way  
Address

Coral Springs, FL 33076  
City, State & Zip

954-341-7443  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 2, 2005

LETICIA FAZIO  
5333 NW 109 WAY  
CORAL SPRINGS, FL 33076

SUBJECT: LETTY FAZIO, P.A.  
Ref. Number: W05000022167

We have received your document for LETTY FAZIO, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please list registered agents name in article VI.,

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) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 405A00031030

APPROVED  
AND  
FILED

05 MAY 20 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

Letty FAZIO, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5333 NW 109 way  
Coral Springs, FL 33076

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation, REALTOR

### 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):

Leticia FAZIO - President  
5333 NW 109 way  
Coral Springs, FL 33076

### ARTICLE VI REGISTERED AGENT

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

Leticia FAZIO  
5333 NW 109 way  
Coral Springs, FL 33076

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leticia FAZIO  
5333 NW 109 way  
Coral Springs, FL 33076

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date