

PO 5000 114425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2005 AUG 17 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: CAMILLE MICHIELLI, 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: CAMILLE MICHIELLI  
Name (Printed or typed)  
1160 VIA JARDIN  
Address  
PALM BEACH GARDENS, FL 33418  
City, State & Zip  
(561) 452-2005  
Daytime Telephone number



Camille Michielli  
1160 Via Jardin  
West Palm Beach, FL 33418

**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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

CAMILLE MICHIOLLI, P.A.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1160 VIA JARDIN  
PALM BEACH GARDENS, FL 33418

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CAMILLE MICHIOLLI PRESIDENT  
1160 VIA JARDIN  
PALM BEACH GARDENS, FL 33418

**ARTICLE VI REGISTERED AGENT**

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

CAMILLE MICHIOLLI  
1160 VIA JARDIN  
PALM BEACH GARDENS, FL 33418

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CAMILLE MICHIOLLI  
1160 VIA JARDIN  
PALM BEACH GARDENS, FL 33418

\*\*\*\*\*

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