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COVER LETTER

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

SUBJECT:	Cynthia	appello, P.	A	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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 ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Cynthia (Name 7947 Ga	(1 miles of types)		
	Bokee,	La FL 3.	3922	
	(239) Daytime To	464-4 5 64		

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Cyrthia Cappello, P.A. SECRE PM 2. 18 ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			
7947 Gabion Ct. Bokeelia, FL 33922			
The purpose for which the corporation is organized is: Real Estate			
ARTICLE IV SHARES The number of shares of stock is: /O			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Cynthia Cappello, President 7947 Gabion Ct. Bokeelia, FL 33922			
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Cynthia 7947 Gabion Ct Cappello Bokeelia, FL 33922			
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is: Cynthia Cappello 1947 Gabion (+ Bokeelia, FL 33922			
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			
Grathis Cappello 2/20/06			
Signature/Registered Agent Date			
The applies 3/20/06			
\$Ignature/Incorporate/fr// /Date			

ARTICLES OF INCORPORATION