

Pg 7888041359

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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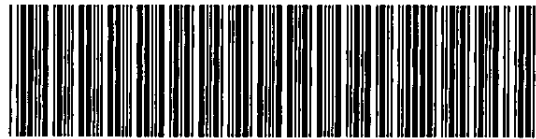
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-4-07
CO-3-6
2007

COVER LETTER

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

SUBJECT: Tartaglia Law Group 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: Melissa A. Tartaglia
Name (Printed or typed)

8138 Massachusetts Ave.
Address

New Port Richey, FL 34653
City, State & Zip

727-847-1515
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:

TARTAGLIA LAW GROUP P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8138 Massachusetts Ave., New Port Richey, FL 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional association: law office, providing legal services.

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):

Melissa A. Tartaglia, President

ARTICLE VI REGISTERED AGENT

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

Melissa A. Tartaglia, 8138 Massachusetts Ave., New Port Richey, FL 34653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Melissa A. Tartaglia, 8138 Massachusetts Ave., New Port Richey, FL 34653

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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA