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(Requestor's Name)

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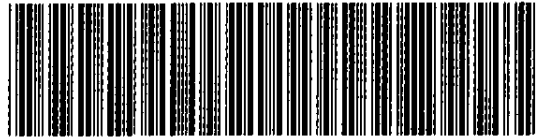
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 11/17/08

## COVER LETTER

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

SUBJECT: Twin Palms Law Office of Kymberli I. Puccio, 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: Kymberli I. Puccio  
Name (Printed or typed)

820 Albee Rd., Suite 5A  
Address

Nokomis, FL 34275  
City, State & Zip

941-441-7170  
Daytime Telephone number

kypuccio@comcast.net  
E-mail address: (to be used for future annual report notification)

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

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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:

Twin Palms LAW OFFICE of Kimberly I. Puccio, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

The Principal place of business is at 820 Albee Rd, Suite 5A, Nokomis, FL 34275

The Mailing Address is P.O. Box 966, Venice, FL

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct the practice of law related matters pursuant to all rules, regulations and laws governing said practice in the State of Florida as a Professional Association.

### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares, which shall be Common stock at a value of .01 (one cent) each.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kimberly I. Puccio, Esq., shall hold the position of President, Secretary, and Treasurer.

### ARTICLE VI REGISTERED AGENT

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

Kimberly I. Puccio, Esq. at 820 Albee Rd, Suite 5A,  
Nokomis, FL 34275

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly I. Puccio at 820 Albee Rd, Suite 5A,  
Nokomis, FL 34275

Kimberly I. Puccio  
Kimberly I. Puccio

\*\*\*\*\*

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

Kimberly I. Puccio

Signature/Registered Agent

11 Nov 09

Date

Kimberly I. Puccio

Signature/Incorporator

11 Nov 09

Date