

P10000087271

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(City/State/Zip/Phone #)

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(Business Entity Name)

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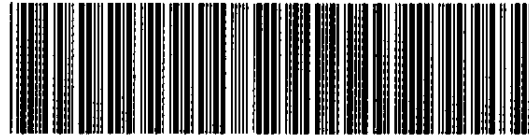
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Surety OCT 26 2010

## TRANSMITTAL LETTER

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

**SUBJECT:** JENNIFER L. PICHETTE - FIED, PA  
(Proposed corporate name - must include suffix)

Enclosed is 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:** JENNIFER L. PICHETTE - FIED  
Name (Printed or typed)

10445 GIBSONTON DRIVE  
Address

RIVERVIEW, FL 33578  
City, State & Zip

813-494-7873  
Daytime Telephone number

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

ARTICLES OF INCORPORATION

ARTICLE I: THE NAME OF THE CORPORATION SHALL BE JENNIFER L PICHETTE-FIEO, PA.

ARTICLE II: THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS  
10445 GIBSONTON DRIVE, RIVERVIEW, FL 33578.

ARTICLE III: THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED  
IS TO DO REAL ESTATE SALES.


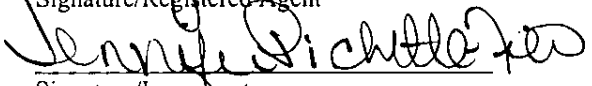
ARTICLE IV: THE NUMBER OF SHARES OF STOCK IS AUTHORIZED 1,000,  
INITIALLY ISSUED 100.

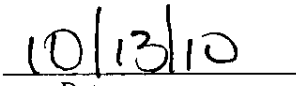
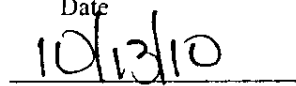
ARTICLE V: THE NAME, ADDRESS AND TITLE OF THE OFFICER AND  
DIRECTOR IS JENNIFER L PICHETTE-FIEO, 10445 GIBSONTON DRIVE,  
RIVERVIEW, FL 33578.

ARTICLE VI: THE NAME AND FLORIDA STREET ADDRESS OF THE  
REGISTERED AGENT IS JENNIFER L PICHETTE-FIEO, 10445  
GIBSONTON DRIVE, RIVERVIEW, FL 33578.

ARTICLE VII: THE NAME AND ADDRESS OF THE INCORPORATOR IS  
JENNIFER L PICHETTE-FIEO, 10445 GIBSONTON DRIVE, RIVERVIEW,  
FL 33578.

Having been named as registered agent to accept service of process for the above stated  
Corporation at the place designated in the 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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