

P10000100313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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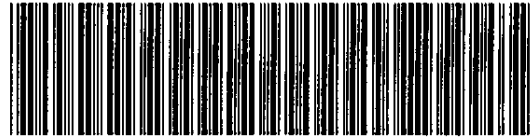
(Business Entity Name)

(Document Number)

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10 DEC 10 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 1/1/2011

MRS
12/13

COVER LETTER

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

SUBJECT: Law Offices of Sabrina Puglisi, 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: Sabrina Puglisi
Name (Printed or typed)

40 NW 3rd Ave. Ph 1
Address

miami, Fl. 33128
City, State & Zip

(786) 512-4000
Daytime Telephone number

sabrina@puglisi-lawfirm.com
E-mail address: (to be used for future annual report notification)

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:

Law Offices of Sabrina Puglisi, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

40 NW 3rd St., Ph 1
Miami, FL 33128

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A professional Association, law office

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabrina Puglisi, president

Address: 40 NW 3rd St, Ph 1
Miami, FL 33128

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Sabrina Puglisi

Address: 40 NW 3rd St, Ph 1
Miami, FL 33128

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sabrina Puglisi

Address: 40 NW 3rd St, Ph 1
Miami, FL 33128

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

Sabrina Puglisi

Required Signature/Registered Agent

11/13/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sabrina Puglisi

Required Signature/Incorporator

11/13/10
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE 1/1/2011