

P. 11000012813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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gr 2/7/11

COVER LETTER

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DIVISION OF CORPORATIONS

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

2011 FEB -4 PM 2:35

MS.? > suffix
SUBJECT: Maria Pontillo Incorporated
(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: Maria Pontillo
Name (Printed or typed)

7060 Nova Drive Apt 106C
Address

Davie, Florida 33317
City, State & Zip

954-914-4933
Daytime Telephone number

mpontillo@aol^{com} and/or maria.pontillo@physiocorp.com
E-mail address: (to be used for future annual report notification)

mpontillo@aol.com > preferred

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: **Maria Pontillo Incorporated**

ARTICLE II - PRINCIPAL OFFICE

Principal ~~street~~ address
7060 Nova Drive Apt 106C
Davie, Florida 33317

Mailing address, if different is:

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ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

To collaborate my physical therapy career, fitness instructing background, and personal training experience into an individual business entity.

ARTICLE IV - SHARES

The number of shares of stock is: 100

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Maria Pontillo, President**
Address: **7060 Nova Drive Apt 106C**
Davie, Florida 33317

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:

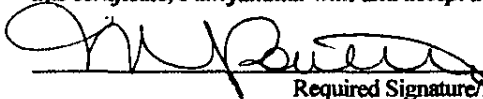
Name: **Maria Pontillo**
Address: **7060 Nova Drive Apt 106C**
Davie, FL 33317

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Name: **Maria Pontillo**
Address: **7060 Nova Drive Apt 106C**
Davie, FL 33317

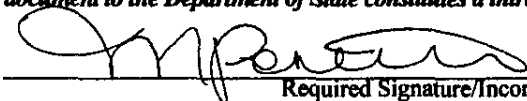
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/1/11
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.



Required Signature/Incorporator

2/1/11
Date