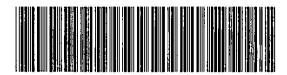
## P11000014209

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only

630-WINDOOOGHEES



600191700206

01/21/11--01048--003 \*\*70.00

2011 FEB -8 PM 2: 46

tra/10/11

## **COVER LETTER**

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

| SUBJECT: Brian Meskil PA   |   |              |              |  |
|--|---|--------------|--------------|--|
| (PROPOSED CORPORA  | ATE NAME – <u>MUST INCLUDE SUFFIX</u> )                               |              |              |  |
| Enclosed are an original and one (1) copy of the ar                | ticles of incorporation and a check for:                              |              | 1            |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status                 | \$78.75 Filing Fee & Certified Copy Certified Copy & Certifica Status | te of        |              |  |
|  | ADDITIONAL COPY REQUIRI   | E <b>D</b>   |              |  |
| FROM: Brian Meskil   | e (Printed or typed)  | _            |              |  |
| 4843 Greenleaf Rd  |   |              |              |  |
|  | Address   | 2011         | SE           |  |
| Sarasota Florida 34233   |   |              |              |  |
| City   | , State & Zip   | - 8          | TARY<br>OF C |  |
| 941 780 3468   |   | - PH         | H.           |  |
| Daytime '  | Telephone number  | $\ddot{\wp}$ |              |  |
| bmeskil@gmail.com  |   | 9+           |              |  |
| E-mail address: (to be used for future annual report notification) |   |              |              |  |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 FEB -8 PH 2: 30

DIVISION OF CORPORATIONS

January 25, 2011

BRIAN MESKIL 4843 GREENLEAF ROAD SARASOTA, FL 34233

SUBJECT: BRIAN MESKIL PA Ref. Number: W11000004668

We have received your document for BRIAN MESKIL PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 111A00002122

2011 FEB -8 PH 2: 46

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE'I The name of the | NAME Brian Meskil PA  |   | DED G TARY OF THE<br>DIVISION OF CORFERATES   |
|---------------------------|---|---|---|
| ARTICLE II                | PRINCIPAL OFFICE  |   | SOUTED O DM DOLC                              |
|                           | Principal <u>street</u> address<br>4843 Greenleaf Rd<br>Sarasota Fl 34233                     | <del></del>                                   | 2011 FEB - 8 PM 2: 46 dress, if different is: |
| ARTICLE III               | PURPOSE   |   |   |
| "Profession               | which the corporation is organized is:  |   |   |
| To Seu                    | - REAL ESTATE AS A L  | ICENSED FUNION                                | REAL ESTATE AGE                               |
|                           | hares of stock is:  |   |   |
| ARTICLE V                 | INITIAL OFFICERS AND/OR DIRE  |   |   |
| Name and<br>Address:      | Title: Brian Meskil President<br>4843 Greenleaf Rd  | Name and Title:                               |   |
| Address.                  | Sarasota FI 34233   |   |   |
|                           | Darasula El 34233   |   |   |
| Name and                  | Title:  | Name and Title                                |   |
| Address:                  |   | Address:                                      |   |
|                           |   |   |   |
|                           |   |   |   |
| Name and Title:           |   | Name and Title:                               |   |
| Address:                  |   | Address:                                      |   |
|                           |   |   |   |
| ARTICI.E VI               | REGISTERED AGENT  |   |   |
|                           | Florida street address (P.O. Box NOT accepta  | able) of the registered agent is:             |   |
| Name:                     | Brian Meskil  |   |   |
| Address:                  | 4843 Greenleaf Rd   |   |   |
|                           | Sarasota Fl 34233   | <del></del>                                   |   |
| ARTICLE VII               | INCORPORATOR  |   |   |
|                           | ddress of the Incorporator is:  |   |   |
| Name:                     | Brian Meskil  | . <u>.                                   </u> |   |
| Address:                  | 4843 Greenleaf Rd   |   |   |
|                           | Sarasota Fl 34233   | <del></del>                                   |   |
| Having been na            | med as registered agent to accept service of  | process for the above stated corpor           | ration at the place designated in             |
| this certificate, I       | am familiar with aperaccept the appointment   | t as registered agent and agree to ac         | t in this capacity                            |
| ~ ~                       | (h)   |   | 1-5-2011                                      |
| 1                         | Required Signature/Registered Age   |   | /- 5 - 2011                                   |
|                           |   |   | 15ate   |
|                           | cument and affirm that the facts stated here<br>Department of State constitutes a third degre |   |   |
| ,/,                       |   | <del>-</del>                                  | 1 -   |
| - K-                      |   |   | 1-5-2011                                      |
| (1)                       | Required Signature/Incorporator   |   | Date  |