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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 14 PM 4:22

APPROVED
AND
FILED

181

COVER LETTER

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

SUBJECT: Piccirilli Law Group, 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: Sandra M. Piccirilli

Name (Printed or typed)

618 Druid Hills Road

Address

Temple Terrace, FL 33617

City, State & Zip

813-624-6216

Daytime Telephone number

spiccirilli@piccirillilaw.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)

APPROVED
AND
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11 FEB 14 PM 4:22

ARTICLE I NAME Piccirilli Law Group, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
618 Druid Hills Road
Temple Terrace, FL 33617

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The professional services corporation is formed to engage in every phase and aspect of the practice of law. In addition, the corporation may invest the funds from the professional services corporation in real estate, mortgages, stocks, bonds, or any other type of investment, and may own real and personal property necessary for the rendering of professional services.

ARTICLE IV SHARES
The number of shares of stock is: 1,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra M. Piccirilli, P.E., Esquire (Director/President)	Name and Title: _____
Address: 618 Druid Hills Road	Address: _____
Temple Terrace, FL 33617	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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


Name: Sandra M. Piccirilli, P.E. Esquire
Address: 618 Druid Hills Road
Temple Terrace, FL 33617

ARTICLE VII INCORPORATOR

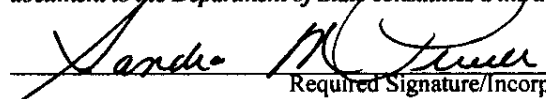
The name and address of the Incorporator is:

Name: Sandra M. Piccirilli, P.E. Esquire
Address: 618 Druid Hills Road
Temple Terrace, FL 33617

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

	2/9/11
Required Signature/Registered Agent	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.

	2/9/11
Required Signature/Incorporator	Date