

P11000017178

(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



800193326938

02/09/11--01017--008 \*\*87.50

FILED  
11 FEB 17 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
2/18

1111-8147

## COVER LETTER

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

**SUBJECT:** Alfred Anthony DiPierro

(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:** Alfred Anthony DiPierro, P.A..

Name (Printed or typed)

2208 Pineland Drive

Address

Englewood, Florida 34223

City, State & Zip

941-475-6434

Daytime Telephone number

agewell123@aol.com

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 17 PM 2:42

DIVISION OF CORPORATIONS

February 10, 2011

ALFRED ANTHONY DIPIERRO, P.A.  
2208 PINELAND DRIVE  
ENGLEWOOD, FL 34223

SUBJECT: ALFRED ANTHONY DIPIERRO, P.A.  
Ref. Number: W11000008147

We have received your document for ALFRED ANTHONY DIPIERRO, P.A. and your check(s) totaling \$87.50. 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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00003537

ARTICLES OF INCORPORATION

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

FILED

11 FEB 17 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Alfred Anthony DiPierro, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2208 Pineland Drive  
Englewood, Florida 34223

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation shall engage in any activity or business permitted under the laws of the United States and the State of Florida, *specifically ALTERNATIVE DISPUTE RESOLUTION (ADR) MEDIATOR.*

**ARTICLE IV SHARES**

The number of shares of stock is 7,500 shares of common stock, each share having the par value of \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alfred Anthony DiPierro, Pres., Sec., Treas.  
Address: 2208 Pineland Drive  
Florida 34223 Englewood, Florida 34223

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: Donie DiPierro  
Address: 2208 Pineland Drive  
Englewood, Florida 34223

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alfred Anthony DiPierro  
Address: 2208 Pineland Drive  
Englewood, Florida 34223

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

*Donie DiPierro*  
\_\_\_\_\_  
Required Signature/Registered Agent

February 5, 2011  
\_\_\_\_\_  
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.

*Alfred Anthony DiPierro*  
\_\_\_\_\_  
Required Signature/Incorporator

February 5, 2011  
\_\_\_\_\_  
Date