

P11000032744

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
4/4

COVER LETTER

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

SUBJECT: A & M Bonura & Associates, Inc.
(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: Mario Bonura
Name (Printed or typed)

1882 Laurel Brook Loop
Address

Casselberry, Florida 32707
City, State & Zip

407-404-2708
Daytime Telephone number

MB1AF@aol.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

A & M Bonura & Associates, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1882 Laurel Brook Loop
Casselberry, FL 32707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is one hundred shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario Bonura, President
Address: 1882 Laurel Brook Loop
Casselberry, FL 32707

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: Mario Bonura
Address: 1882 Laurel Brook Loop
Casselberry, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mario Bonura
Address: 1882 Laurel Brook Loop
Casselberry, FL 32707

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

X 
Required Signature/Registered Agent

3/28/11
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.

X 
Required Signature/Incorporator

3/28/11
Date

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TALLAHASSEE FLORIDA