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(Requestor's Name)

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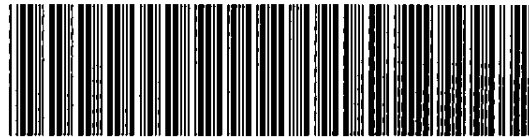
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 27 AM 11:42

Ps 5/31/11

## COVER LETTER

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

**SUBJECT:** Puccio Law Firm, 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:** Kymerli I. Puccio

Name (Printed or typed)

1990 Main Street, Suite 750

Address

Sarasota, FL 34236

City, State & Zip

941-441-7170

Daytime Telephone number

kpuccio@twinpalmslaw.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**

Puccio Law Firm, P.A.

The name of the corporation shall be:

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

1990 Main Street

Suite 750

Sarasota, FL 34236

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct the practice of law related matters pursuant to all rules, regulations and laws governing said practice in the State of Florida as a Professional Association.

### **ARTICLE IV SHARES**

The number of shares of stock is: 100 shares which shall be common stock at a value of .01 (one cent) each.

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

Name and Title: Kymberli I. Puccio, President

Address: 1990 Main St.

Ste. 750

Sarasota, FL 34236

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: Kymberli I. Puccio

Address: 1990 Main St., Ste. 750

Sarasota, FL 34236

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kymberli I. Puccio

Address: 1990 Main St., Ste. 750

Sarasota, FL 34236

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

Kymberli I. Puccio  
Required Signature/Registered Agent

18 May 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.

Kymberli I. Puccio  
Required Signature/Incorporator

18 May 2011  
Date

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DIVISION OF CORPORATIONS  
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