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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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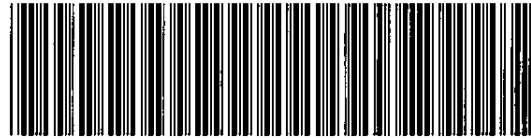
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
8/15

COVER LETTER

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

SUBJECT: Joanne Rose Telischi, 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: Joanne Rose Telischi

Name (Printed or typed)

5301 Oak Lane

Address

Coral Gables, FL 33156

City, State & Zip

305-333-2105

Daytime Telephone number

telischi@hotmail.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

Joanne Rose Telischi, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5301 Oak Lane
Coral Gables, FL 33156

Mailing address, if different from principal office address:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Joanne Rose Telischi, Director</u>	Name and Title: _____
Address: <u>5301 Oak Lane</u>	Address: _____
<u>Coral Gables, FL</u>	_____
<u>33156</u>	_____
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: Joanne Rose Telischi
Address: 5301 Oak Lane
Coral Gables, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joanne Rose Telischi
Address: 5301 Oak Lane
Coral Gables, FL 33156

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

Joanne Rose Telischi
Required Signature/Registered Agent

8/9/11
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.

Joanne Rose Telischi
Required Signature/Incorporator

8/9/11
Date

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SECRETARY OF STATE
FLORIDA