

P11000078922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

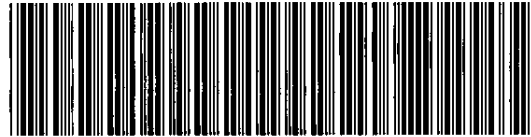
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/19/11--01026--012 **78.75

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11 SEP -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/7

W11-41791

COVER LETTER

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

SUBJECT: Paul Cecere, Attorney P.C.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Bart Cecere CPA

Name (Printed or typed)

170 Main Street

Address

Manasquan, NJ 08736

City, State & Zip

732-223-2171

Daytime Telephone number

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 AUG -9 AM 10:40
DIVISION OF CORPORATIONS

July 20, 2011

BART CECERE CPA
170 MAIN STREET
MANASQUAN, NJ 08736

SUBJECT: PAUL CECERE, ATTORNEY P.C.
Ref. Number: W11000038096

We have received your document for PAUL CECERE, ATTORNEY P.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED. *⇒ corrected.*

The specific business purpose of the professional association must be stated in the document. *⇒ corrected.*

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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: 211A00017182



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2011

BART CECERE CPA
170 MAIN STREET
MANASQUAN, NJ 08736

SUBJECT: PAUL CECERE, ATTORNEY, PA
Ref. Number: W11000041791

We have received your document for PAUL CECERE, ATTORNEY, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The registered agent must have a Florida street address and they must sign accepting designation as agent.

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: 811A00018773

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Paul Cecere, Attorney, PA
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
10019 Isola Way
Miramar, FL 33913

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Law Practice

ARTICLE IV SHARES

The number of shares of stock is: 100 shares without par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Cecere / President
Address: 10019 Isola Way
Miramar, FL 33913

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: Paul Cecere
Address: 10019 Isola Way
Miramar, FL 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul Cecere
Address: 10019 Isola Way
Miramar, FL 33913

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

Paul Cecere

Required Signature/Registered Agent

8-29-11

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.

Paul Cecere

Required Signature/Incorporator

8-29-11

Date

FILED
11 SEP - 6 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA