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(Address)

(City/State/Zip/Phone #)

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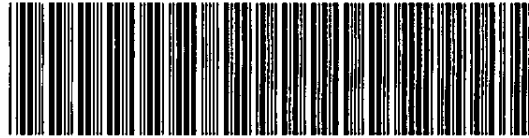
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Dianne Marie Munson 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: Dianne Marie Munson

Name (Printed or typed)

3907 Madrid Ct.

Address

Punta Gorda, Florida 33950

City, State & Zip

941-639-0760

Daytime Telephone number

distan@comcast.net ✓

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

The name of the corporation shall be: Dianne Marie Munson P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Dianne Marie Munson P.A.
3907 Madrid Ct.
Punta Gorda, FL 33950

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional business services to organizations that work with the homeless, needy and hungry.

I have several current licenses with the state of Florida - I am a Notary and CDA (Certified Dental Assistant) CDPMA (Certified Dental Practice Management Assistant) if you want some type of qualifications in the professional medical/dental service area....However, I spend a lot of my time in the capacity of a professional

ARTICLE IV SHARES

The number of shares of stock is: One Thousand

consultant for nonprofits.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dianne Marie Munson, President
Address: 3907 Madrid Ct.
Punta Gorda Florida
33950

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: Geoffrey L. Lorah, CPA
Address: 1107 West Marion Ave #115
Punta Gorda FL 33950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Geoffrey L. Lorah, CPA
Address: 1107 West Marion Ave #115
Punta Gorda FL 33950

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

Geoffrey L. Lorah
Required Signature/Registered Agent

Oct. 20, 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.

Geoffrey L. Lorah
Required Signature/Incorporator

Oct. 20, 2011
Date

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