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(City/State/Zip/Phone #)

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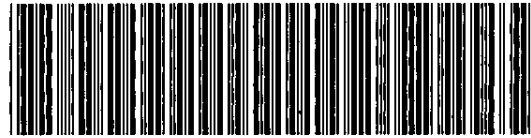
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 JAN 31 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPs  
2/1/12

## COVER LETTER

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

SUBJECT: LAURA L. D'ORIO, 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: LAURA L. D'ORIO  
Name (Printed or typed)

1398 SHADY PINE WAY G-2  
Address

TARPON SPRINGS, FL 34688  
City, State & Zip

630-202-1891  
Daytime Telephone number

LLDORIO@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)

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12 JAN 31 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

LAURA L. D'ORIO, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

LAURA L. D'ORIO, INC.  
1398 SHADY PINE WAY G-2  
TARPON SPRINGS, FL 34688

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CARRYING ON A LAWFUL BUSINESS OF COURT REPORTING IN THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is ONE HUNDRED SHARES (100) AT ONE DOLLAR (\$1) VALUE

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

Name and Title: LAURA D'ORIO - PRESIDENT  
Address: 1398 SHADY PINE WAY G-2  
TARPON SPRINGS, FL 34688

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: LAURA D'ORIO  
Address: 1398 SHADY PINE WAY G-2  
TARPON SPRINGS, FL 34688

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAURA D'ORIO  
Address: 1398 SHADY PINE WAY G-2  
TARPON SPRINGS, FL 34688

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

Laura L. D'Orio  
Required Signature/Registered Agent

01/27/12  
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.

Laura L. D'Orio  
Required Signature/Incorporator

01/27/12  
Date