

PI2000039864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

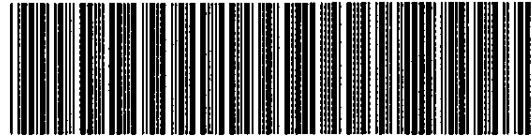
(Business Entity Name)

(Document Number)

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

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12 APR 27 PM 4:22

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W12000018254

## COVER LETTER

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

SUBJECT: Susan M. Miano, 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: Susan M. Miano

Name (Printed or typed)

2132 Montana Ave NE

Address

St. Petersburg, FL 33703

City, State & Zip

(850) 368-5068

Daytime Telephone number

sus40119@yahoo.com

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

APR 27 PM 4:51  
DIVISION OF CORPORATIONS

April 2, 2012

SUSAN M. MIANO  
2132 MONTANA AVE NE  
ST. PETERSBURG, FL 33703

SUBJECT: SUSAN M. MIANO, P.A.  
Ref. Number: W12000018354

We have received your document for SUSAN M. MIANO, P.A. 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 specific business purpose of the professional association must be stated in the document.

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 012A00010798

# 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: Susan M. Miano, P.A.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
2132 Montana Ave NE  
St. Petersburg, FL 33703

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
to transact any and all lawful business pertaining to real estate.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan M. Miano, President  
Address: 2132 Montana Ave NE  
St. Petersburg, FL 33703

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

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

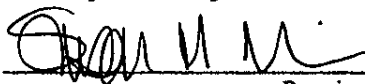
Name: Susan M. Miano  
Address: 2132 Montana Ave NE  
St. Petersburg, FL 33703

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan M. Miano  
Address: 2132 Montana Ave NE  
St. Petersburg, FL 33703

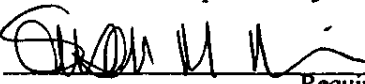
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/27/12  
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.



Required Signature/Incorporator

3/27/12  
Date