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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
MARIA DUPUY-SULLA, P.A.

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November 5, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: MARIA DUPOUY-SULLA, P.A.  
REF: W12000056161

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A corporation cannot be its own officer of the corporation. Please name an individual or other business entity as officer.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

FAX Aud. #: H12000263114  
Letter Number: 712A00026868

P.O. BOX 6327 - Tallahassee, Florida 32314

H12000263114.

**ARTICLES OF INCORPORATION**  
**OF**  
**MARIA DUPUY-SULLA, P.A.**

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of this corporation shall be:

**MARIA DUPUY-SULLA, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**4499 W. WHITEWATER AVENUE  
WESTON, FL 33332**

**ARTICLE III PURPOSE**

The purpose of this corporation shall be: **REAL ESTATE SALES**

**ARTICLE IV CAPITAL STOCK**

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock with a 1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial Registered Agent of this corporation shall be:

**GUY D. SPERDUTO, CPA  
8963 STIRLING ROAD, SUITE 101  
COOPER CITY, FL 33328**

**ARTICLE VI BOARD OF DIRECTOR(S)**

The name and address of the officers and board of directors shall be:

**P  
MARIA DUPUY-SULLA  
4499 W. WHITEWATER AVENUE  
WESTON, FL 33332**

**VP  
NICOLA SULLA  
4499 W. WHITEWATER AVENUE  
WESTON, FL 33332**

**ARTICLE VII INCORPORATOR(S)**

The name and address of the incorporator(s) to these Article of Incorporation shall be:

**NICOLA SULLA  
4499 W. WHITEWATER AVENUE  
WESTON, FL 33332**

The undersigned has executed these Articles of Incorporation this 2<sup>ND</sup> day of NOVEMBER, 2012.

  
\_\_\_\_\_  
INCORPORATOR  
Signature

H12000263114.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**MARIA DUPUY-SULLA, P.A.**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
REGISTERED AGENT

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