

712000698862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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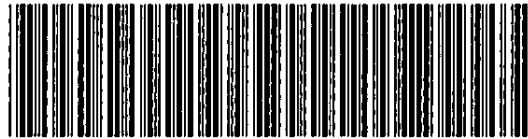
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 04 2012

**DALE M. GOLDEN**

ATTORNEY AT LAW

25 E. WASHINGTON STREET, SUITE 1400

CHICAGO, IL 60602

(312) 201-9730

FAX: (312) 236-6686

November 29, 2012

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

Re: Articles of Incorporation/Law Offices of Michael A. Capuzzi, P.A.

Dear Sir or Madam:

Enclosed please find the Articles of Incorporation for Law Office of Michael A. Capuzzi, P.A. submitted in duplicate along with a check in the amount of \$78.75.

If you have any questions, feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dale M. Golden', with a horizontal line extending to the right.

Dale M. Golden

## COVER LETTER

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

SUBJECT: Law Offices of Michael A. Capuzzi, 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: Dale M. Golden

Name (Printed or typed)

25 E. Washington Street, Suite 1400

Address

Chicago, IL 60602

City, State & Zip

312-201-9730

Daytime Telephone number

goldenattorney@hotmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: **Law Offices of Michael A. Capuzzi, P.A.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
101 N. Riverside Drive, Suite 203  
Pompano Beach, FL 33062

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

the practice of law limited to international trade law.

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: **Michael A. Capuzzi, Director, President, Secretary-Treasurer**  
Address: **101 N. Riverside Drive, Suite 203**  
**Pompano Beach, FL 33062**

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:

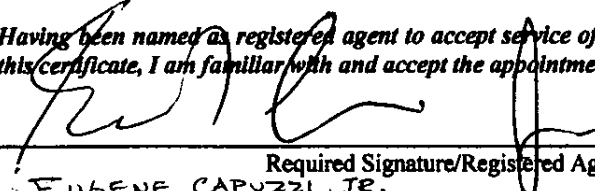
Name: **Eugene Capuzzi, Jr.**  
Address: **101 N. Riverside Drive, Suite 203**  
**Pompano Beach, FL 33062**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

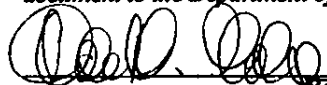
Name: **Dale M. Golden, Attorney at Law**  
Address: **25 E. Washington Street, Suite 1400**  
**Chicago, IL 60602**

*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  
**EUGENE CAPUZZI, JR.**

**11/26/12**  
\_\_\_\_\_  
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  
**DALE M. GOLDEN**

**11/26/12**  
\_\_\_\_\_  
Date

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12 DEC - 3 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA