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| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------|
| (Ad | idress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | . |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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13 JAN -9 PH I2: 36 SECRETARY OF STATE ALLAHASSEE FI ORID:



COVER LETTER

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

SUBJECT: Michael R. De Canio, 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 □ \$78.75
Filing Fee & Certificate of Status

\$78.75 \$\square\$ \$87.50

Filing Fee
& Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael R. De Canio

Name (Printed or typed)

12254 Huntsman Lane

Address

Orlando, FL 32826

City, State & Zip

561-665-0441

Daytime Telephone number

mike@decaniolaw.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
• In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| RTICLE II | PRINCIPAL OFFICE | | |
|--------------------|--|--|------------------------------|
| | Principal street address | Mailing addres | ss, if different is: |
| | 4162 Edgewater Drive | | |
| | Orlando, FL 32804 | | |
| RTICLE III | PURPOSE | · · · · · · · · · · · · · · · · · · · | |
| | which the corporation is organized is: The I | Professional Practice of L | aw |
| | | | |
| | | | |
| | | | |
| RTICLE IV | SHARES | | |
| e number of sl | hares of stock is: 100 | | |
| RTICLE V | INITIAL OFFICERS AND/OR DIREC | TORS | |
| | Title: Michael R. De Canio - President/Treasurer | | |
| Address: | 12254 Huntsman Lane | Address: | |
| | Orlando, FL 32826 | | |
| Name and | Title: | Name and Title: | |
| | | | |
| | | | |
| | | | ····· |
| Name and | Title: | Name and Title: | |
| Address: | | Address: | |
| | | | |
| 2000 | | | 13 SE |
| RTICLE VI | REGISTERED AGENT Torida street address (P.O. Box NOT accepta) | hle) of the registered agent is: | |
| Name: | Michael R. De Canio | ble) of the registered agent is. | LAR AN |
| Address: | 12254 Huntsman Lane | | |
| | Orlando, Fl. 32826 | | S1 -≺ |
| | | | mg 🛂 🗓 |
| RTICLE VII | | | PH IN |
| | ddress of the Incorporator is: Michael R. De Canio | | 유국 1 |
| Name: Address: | 12254 Huntsman Lane | - MI | 音点 8 |
| Address. | Orlando, FL 32826 | | > ''' |
| | | | |
| - | med as registered agent to accept service of p | - | |
| | am familiar with and accept the appointment | as registered agent and agree to act i | n this capacity |
| nis certificate, I | 1) 1) // | | |
| is certificate, I | / V V\a a a . a \ | | 1/6/2013 |
| is certificate, I | F. De Caues | | |
| is certificate, I | Required Signature/Registered Agen | ut | Date |
| submit this do | cument and affirm that the facts stated herei | n are true. I am aware that the false | e information submitted in a |
| submit this do | | n are true. I am aware that the false | e information submitted in a |
| submit this do | cument and affirm that the facts stated herei | n are true. I am aware that the false | e information submitted in a |