

713000006150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

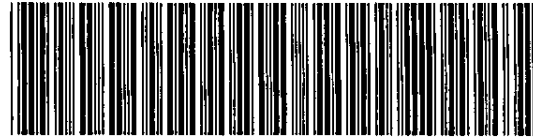
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/04/13--01011--006 **78.75

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13 JAN 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers JAN 18 2013

W13-1098



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2013

GABRIELLE D'AGOSTINO
301 CLEMATIS ST SUITE 3000
WEST PALM BEACH, FL 33401

SUBJECT: GABRIELLE D'AGOSTINO, P.A. INCORPORATED
Ref. Number: W13000001098

We have received your document for GABRIELLE D'AGOSTINO, P.A. INCORPORATED 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You may only use one corporate ending. Please choose either PA or INC.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 713A00000363

January 14, 2013

RECEIVED

13 JAN 17 AM 10:09


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Justin M. Shivers
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Shivers,

I was the Principal Agent/President of Gabrielle D'Agostino, P.A. Attorney At Law and have no intentions of reinstating that corporation. Therefore, I release the name for use.

Sincerely,



Gabrielle D'Agostino

FILED

13 JAN 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Gabrielle D'Agostino, P.A. Incorporated

(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: Gabrielle D'Agostino

Name (Printed or typed)

301 Clematis Street, Suite 3000

Address

West Palm Beach, Florida 33401

City, State & Zip

954-531-7379

Daytime Telephone number

gabdaglaw@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: **Gabrielle D'Agostino, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
301 Clematis Street, Suite 3000
West Palm Beach, Florida 33401

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **For Profit**

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabrielle D'Agostino President
Address: 301 Clematis Street, Suite 3000
West Palm Beach, Florida 33401

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:

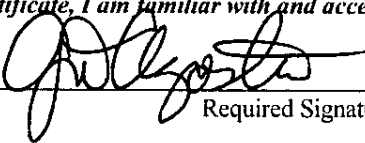
Name: Gabrielle D'Agostino
Address: 301 Clematis Street, Suite 3000
West Palm Beach, Florida 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabrielle D'Agostino
Address: 301 Clematis Street, Suite 3000
West Palm Beach, Florida

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

12/28/12
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

12/28/12
Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

18 JAN 17 AM 11:22

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