

P1300000009085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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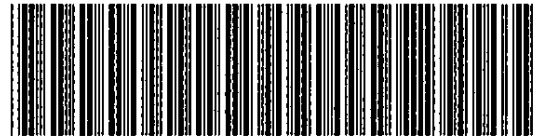
(Business Entity Name)

(Document Number)

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

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13 JAN 25 PM 12:10  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

MD 1/28

## COVER LETTER

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

SUBJECT: **FRANK DEL VECCHIO 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: **FRANK DEL VECCHIO**

Name (Printed or typed)

**194 ATLANTIC BLVD**

Address

**KEY LARGO, FL. 33037**

City, State & Zip

**239-850-7742**

Daytime Telephone number

**fdelvecchio123@yahoo.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: **FRANK DEL VECCHIO P.A.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**194 ATLANTIC BLVD  
KEY LARGO, FL. 33037**

Mailing address, if different is:

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13 JAN 25 PM 1:16  
SECRETARY OF STATE  
FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Engage in every aspect in the practice of Real Estate Brokerage  
and all its fields of specializations, as are allowed under the Florida Real  
Estate Commission Department of Business and Professional Regulations,  
State of Florida.**

**ARTICLE IV SHARES**

The number of shares of stock is: **500**

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

Name and Title: **FRANK DEL VECCHIO**

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

Address **194 ATLANTIC BLVD  
KEY LARGO, FL. 33037**

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FRANK DEL VECCHIO

Address: 194 ATLANTIC BLVD

KEY LARGO, FL. 33037

13 JAN 25 PM 12:10  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRANK DEL VECCHIO

Address: 194 ATLANTIC BLVD

KEY LARGO, FL. 33037

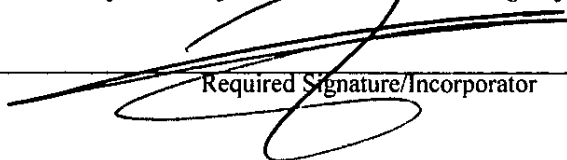
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

JAN. 21, 2013

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

JAN.21,2013

Date