

P13000027643

(Requestor's Name)

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☐ PICK-UP

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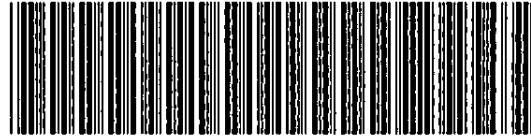
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED NUMBER "1000"
TO ARTICLE IV (SHARES)
PER TELEPHONE CONVERSATION
WITH CAROL A. MONACHESE.

K 03/26/13

Office Use Only



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03/25/13--01056--010 **78.75

FILED
13 MAR 25 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CAROL A. MONACHESE, 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: Carol A. Monachese
Name (Printed or typed)
47 Meadow Brooke Court
Address
Ormond Beach, Florida 32174
City, State & Zip
386 313-1623
Daytime Telephone number
carolmona357@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:

Carol A. Monachese, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

47 Meadow Brooke Court

Ormond Beach

Florida 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate sales

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol A. Monachese, President

Name and Title: _____

Address 47 Meadow Brooke Court

Address: _____

Ormond Beach, Fl. 32174

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: Carol A. Monachese

Address: 47 Meadow Brooke Court

Ormond Beach, FI 32174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carol A. Monachese

Address: 47 Meadow Brooke Court

Ormond Beach, FI 32174

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TALLAHASSEE, 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

Carol A. Monachese

Required Signature/Registered Agent

3-19-2013

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.

Carol A. Monachese

Required Signature/Incorporator

3-19-2013

Date