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TALLAHASSEE, FLORIDA

APR 24 2013

COVER LETTER

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

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TALLAHASSEE, FLORIDA

SUBJECT: Corp. Formation - Chris Scaia, 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 Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kevin Walsh, CPA
Name (Printed or typed)
1001 S. MacDill Ave.
Address
Tampa, Florida 33629
City, State & Zip
(703) 797 2300
Daytime Telephone number
kwalsh@atroxpartners.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: Chris Scaia, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3217 West San Juan Street

Tampa, Florida 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INDEPENDENT SALES & SERVICES
INCLUDING PRODUCT SALES AND REAL ESTATE REPRESENTATION
& TRANSACTIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President

Name and Title: _____

Address Chris Scaia

Address: _____

3217 West San Juan Street

Tampa, Florida 33629

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: Atrox Partners, PLLC
Address: 1001 S. MacDill Ave.
Tampa, Florida 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin Walsh, CPA
Address: 1001 S. MacDill Ave.
Tampa, Florida 33629

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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

Atrox Partners by: 
Required Signature/Registered Agent

4.17.13
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

4.17.13
Date