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(Requestor's Name)

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(City/State/Zip/Phone #)

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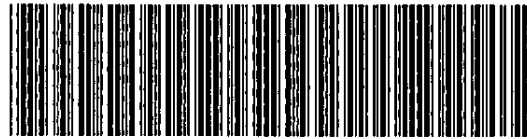
(Business Entity Name)

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New Filing Section
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Jo-Ann Zakielarz, 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: Jane E. Lamberson

Name (Printed or typed)

8955 Fontana Del Sol Way

Address

Naples, FL 34109

City, State & Zip

239-262-0170

Daytime Telephone number

Jlamberson@urishpopeck.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: Jo-Ann Zakielarz, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4001 Gulf Shore Blvd., N. #300

Naples, FL 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jo-Ann Zakielarz, PRES

Address: 4001 Gulf Shore Blvd., N #300

Naples, FL 34103

Name and Title: Jo-Ann Zakielarz, V.P.

Address: 4001 Gulf Shore Blvd., N #300

Naples, FL 34103

Name and Title: Jo-Ann Zakielarz, TREAS

Address: 4001 Gulf Shore Blvd., N #300

Naples, FL 34103

Name and Title: Jo-Ann Zakielarz, SEC.

Address: 4001 Gulf Shore Blvd., N #300

Naples, FL 34103

Name and Title: Jo-Ann Zakielarz, DIREC.

Address: 4001 Gulf Shore Blvd., N #300

Naples, FL 34103

Name and Title: _____

Address: _____

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(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: Jane E. Lamberson, CPA
Address: 8955 Fontana Del Sol Way
Naples, FL 34109

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jo-Ann Zakielarz
Address: 4001 Gulf Shore Blvd., N #300
Naples, FL 34103

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

Jane E. Lamberson, CPA
Required Signature/Registered Agent

April 23, 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.

[Signature]
Required Signature/Incorporator

April 23, 2013
Date