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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
THOMAS JOHN JULIANO, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

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DIVISION OF CORPORATIONS

05/28/13

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(4)

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COVER LETTER

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

SUBJECT: THOMAS JOHN JULIANO, 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: THOMAS JOHN JULIANO
Name (Printed or typed)

5400 S. UNIVERSITY DRIVE
Address

DAVIE, FLORIDA 33328
City, State & Zip

954-463-8100
Daytime Telephone number

tjuliano@mineolaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H13000116612

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: Thomas John Juliano, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5400 S. University Drive Suite 505
Davie, FL 33328

Mailing address, if different is:

5400 S. University Drive Suite 505
Davie, FL 33328

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The practice of Law.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas J. Juliano, President
Address: 5400 S. University Drive Suite 505
Davie, FL 33328

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

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: THOMAS John JULIANO

Address: 5400 S. University Drive, Suite 505

Davie, FL, 33328

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ARTICLE VII INCORPORATOR

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

Name: THOMAS John JULIANO

Address: 5400 S. University Drive, Suite 505

Davie, FL 33328

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

_____ 5/24/13

Required Signature/Registered Agent 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.

_____ 5/24/13

Required Signature/Incorporator Date

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