

P13000091650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

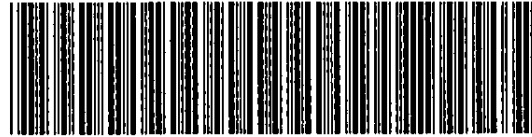
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100253561621

11/07/13--01016--002 \*\*70.00

FILED

13 NOV -7 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
11/8/13

## COVER LETTER

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

SUBJECT: **DDEIACOVA, 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: **DAVID DE IACOVA**

Name (Printed or typed)

**4013 PALM TREE BLVD UNIT 207**

Address

**CAPE CORAL, FLORIDA 33904**

City, State & Zip

**239-410-2587**

Daytime Telephone number

**ddeiacova@comcast.net**

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: DDEIACOVA, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1008 N.E. 7TH TERR UNIT A  
CAPE CORAL, FL 33909

Mailing address, if different is:

4013 PALM TREE BLVD #207  
CAPE CORAL, FL 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO SELL REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: David Deiacova, President

Address: 4013 Palm Tree Blvd #207  
Cape Coral, Fl. 33904

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

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

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

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

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

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

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

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

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

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

FILED  
NOV - 7 PM 3:48  
13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**FILED**  
**13 NOV -7 PM 3:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

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

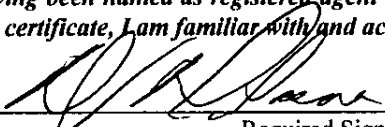
Name: DAVID DEIACOVA  
Address: 4013 PALM TREE BLVD #207  
CAPE CORAL, FL. 33904

**ARTICLE VII INCORPORATOR**


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

Name: DAVID DEIACOVA  
Address: 4013 PALM TREE BLVD#207  
CAPE CORAL, FL 33904

*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	<u>11/4/13</u> _____ 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	<u>11/9/13</u> _____ Date
---	---------------------------------