

P/3000/00753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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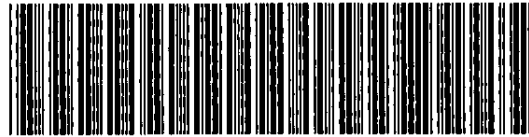
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/19/13

EFFECTIVE DATE 01/01/14

COVER LETTER

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

SUBJECT: Dilorenzo Law Office, 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: Ami L. Dilorenzo
Name (Printed or typed)

504 SE 8th Street
Address

Ocala, FL 34471
City, State & Zip

352.671.6700
Daytime Telephone number

amicaladivorce@gmail.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: DiLorenzo Law office, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

504 SE 8th Street
Ocala, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Law Practice ; 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:	<u>Amil DiLorenzo</u>	Name and Title:	<u>James DiLorenzo, II</u>
Address	<u>504 SE 8th Street</u> <u>Ocala, FL 34471</u>	Address:	<u>504 SE 8th Street</u> <u>Ocala, FL 34471</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

EFFECTIVE DATE 01/01/14

(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: Ami L. DiLorenzo
Address: 504 SE 8th Street
Ocala, FL 34471

Article VIII: Effective Date

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ami L. DiLorenzo
Address: 504 SE 8th Street
Ocala, FL 34471

1-1-14
January 1, 2014

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

Ami DiLorenzo
Required Signature/Registered Agent

11-22-13
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.

Ami L. DiLorenzo
Required Signature Incorporator

11-22-13
Date

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/14