

P/3000/022/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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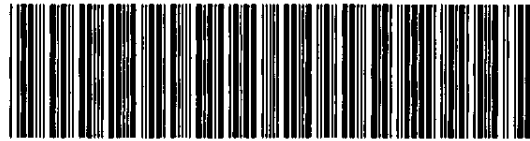
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC 26 AM 10:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

K 12/31/13

EFFECTIVE DATE 01/01/14

COVER LETTER

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

SUBJECT: Steven Rock Moriconi, 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: Steve Moriconi
Name (Printed or typed)
6940 Bottlebrush Lane
Address
Naples, FL 34109
City, State & Zip
(239) 910-2167
Daytime Telephone number
Steve@prefmtg.net
E-mail address: (to be used for future annual report notification)

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

★ Effective date of P.A. 1/1/14

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: Steven Rock Moriconi, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6940 Bottlebrush Lane
Naples, FL 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate sales associate/
broker

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Moriconi, Pres/sec. Name and Title: _____

Address 6940 Bottlebrush Lane Address: _____

Naples, FL 34109

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

EFFECTIVE DATE 01/01/14

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SEAL OF THE STATE
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: Steve Moriconi
Address: 6940 Bottlebrush Lane
Naples, FL 34109

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steve Moriconi
Address: 6940 Bottlebrush Lane
Naples, FL 34109

Article ~~VIII~~ Effective Date: Effective Date 1/1/2014

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

Steve Moriconi

Required Signature/Registered Agent

12/23/13

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.

Steve Moriconi

Required Signature/Incorporator

12/23/13

Date

EFFECTIVE DATE 01/01/14