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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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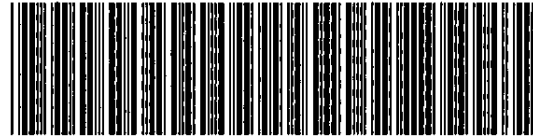
(Business Entity Name)

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DIVISION OF CORPORATIONS
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1/17/14

COVER LETTER

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

SUBJECT: **Rob Melchiorre, 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: **Rob Melchiorre**

Name (Printed or typed)

515 N. Flagler Dr., Suite 701

Address

West Palm Beach, FL 33458

City, State & Zip

(561)676-4472

Daytime Telephone number

rob.melchiorre@gmail.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Rob Melchiorre, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

515 N. Flagler Dr., Suite 701

West Palm Beach, FL 33401

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rob Melchiorre/President

Address 515 N. Flagler Dr, Suite 701

West Palm Beach, FL 33401

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Rob Melchiorre
Address: 515 N. Flagler Dr., Suite 701
West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

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

Name: Rob Melchiorre
Address: 515 N. Flagler Dr., Suite 701
West Palm Beach, FL 33401

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

Date 1/9/14

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

Date 1/9/14

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