

P140000021305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

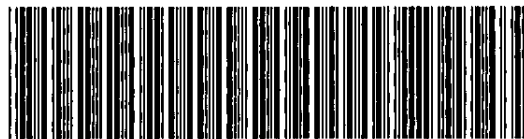
(Document Number)

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DIVISION OF COURT REPORTERS  
2014 MAR -6 PM 2:30

1/4

## COVER LETTER

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

SUBJECT: John K. Soliman PA

(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: John Soliman

Name (Printed or typed)

11138 Rodeo Lane

Address

Riverview, FL 33579

City, State & Zip

813-326-9776

Daytime Telephone number

john@johnsoliman.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2014

JOHN SOLIMAN  
11138 RODEO LANE  
RIVERVIEW, FL 33479

SUBJECT: JOHN K. SOLIMAN  
Ref. Number: W14000010581

We have received your document for JOHN K. SOLIMAN and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00003638

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: John K. Soliman PA

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 MAR -6 PM 2:30

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11138 Rodeo Lane

Riverview, FL 33579

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To manage and maintain the Real Estate  
buisness of the owner

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: John K. Soliman - Pres

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

Address 11138 Rodeo Lane

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

Riverview, FL 33579

Name and Title: Laura M. Soliman -VP

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

Address 11138 Rodeo Lane

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

Riverview, FL 33579

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

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

(cont.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 MAR -6 PM 2:30

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: Julie Harte  
Address: 9376 Balm Riverview Rd  
Riverview, FL 33569

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John K. Soliman  
Address: 11138 Rodeo Lane  
Riverview, FL 33579

*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*

Julie Harte  
Required Signature/Registered Agent

02/06/2014

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.*

[Signature]  
Required Signature/Incorporator

02/06/2014

Date