PKW00049118

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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COVER LETTER

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

_{surject:} Jare	ed Puglisi, PA		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PPY REQUIRED
,			
FROM: Ja	ared Puglisi		
TROM.	Name	(Printed or typed)	
13	324 NW 20th Cou	urt	
	A	Address	
C	ape Coral, FL 33	3993	
	City,	State & Zip	
23	39-540-2612		
	Daytime T	elephone number	

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

kathleen@ctfs.us

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

June 2, 2014

Department of State

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

RE: Jared Puglisi, PA

Document P06000043761

Dear Department:

At this time we have been made aware that our Corporation is inactive with the State of Florida.

I was not aware that this had to have action and payment yearly.

As the owner of this Corporation I would like to release the document P06000043761 at this time.

I am also enclosing with this mailing a new set of articles that I would request the department to process.

Thanking you for your assistance in getting these matters resolved.

Sincerely

President



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

	VCIPAL OFFICE Principal <u>street</u> address	Mail	ling address if di	fferent is:	
24 NW 20th	• ——	Mailing address, if different is: Same			
pe Coral, F	L 33993				
ICLE III PURI	POSE ne corporation is organized is: Any and a	all lawful busin	ess relating	to rea	l est
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TICLE IV SHA number of shares of	stock is:				
number of shares of	stock is:	<u> </u>			
TICLE V INIT Name and Title	stock is:	Name and Title:			
number of shares of	stock is:	Name and Title:			
TICLE V INIT Name and Title	TAL OFFICERS AND/OR DIRECTORS Jared Puglisi 2018 Four Mile Cove Pkwy	Name and Title:			
Name and Title Address	Jared Puglisi 2018 Four Mile Cove Pkwy Cape Coral, FL 33990	Name and Title: Address:			
Name and Title Address	TAL OFFICERS AND/OR DIRECTORS Dared Puglisi 2018 Four Mile Cove Pkwy Cape Coral, FL 33990 President, Director	Name and Title: Address: Name and Title:			
Name and Title:	Jared Puglisi 2018 Four Mile Cove Pkwy Cape Coral, FL 33990 President, Director	Name and Title: Address: Name and Title:			
Name and Title Address Address	AL OFFICERS AND/OR DIRECTORS Jared Puglisi 2018 Four Mile Cove Pkwy Cape Coral, FL 33990 President, Director	Name and Title: Address: Name and Title: Address:			
Name and Title Address Address	Jared Puglisi 2018 Four Mile Cove Pkwy Cape Coral, FL 33990 President, Director	Name and Title: Address: Name and Title: Address: Name and Title:			

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	the undistance accent in
-	lorida street address (P.O. Box NOT acceptable) of Lawrence Swan	
Name: Address:	709 Cape Coral Parkway W	by the T
Addiess.	Cape Coral, FL 33914	FRY OF ST
ARTICLE VII	INCORPORATOR	2 2 A
The name and ad	Idress of the Incorporator is:	
Name:	Jared Puglisi	
Address:	2018 Four Mile Cove Pkwy	
	Cape Coral, FL 33990	
	med as registered agent to accept service of process am familiar with and accept the appointment as registered Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 6/3/14- Date
	ument and affirm that the facts stated herein are a pepartment of State constitutes a third degree felong Required Signature/Incorporator	rue. I am aware that the false information submitted in a sas provided for in s.817.155, F.S.