

P140000 65403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

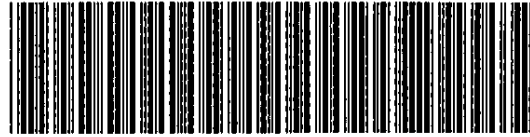
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DIVISION OF CORPORATIONS

## COVER LETTER

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

SUBJECT: ROBERT P. ORISTAGLIO D.O., 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: ROBERT P. ORISTAGLIO  
Name (Printed or typed)

1223 TADSWORTH TERRACE  
Address

LAKE MARY, FL 32746  
City, State & Zip

610-462-5133  
Daytime Telephone number

droistaglio@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: ROBERT P. ORISTAGLIO, D.O., P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1223 TADSWORTH TERRACE  
LAKE MARY, FL 32746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROFESSIONAL BUSINESS -  
MEDICAL Physician - Consultant

16 AUG - 4 AM 11:24

DIVISION OF CORPORATIONS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: ROBERT P. ORISTAGLIO PRESIDENT Name and Title: \_\_\_\_\_

Address 1223 TADSWORTH TER Address: \_\_\_\_\_  
LAKE MARY, FL  
32746

Name and Title: SUSAN ORISTAGLIO SEC/TREASURER Name and Title: \_\_\_\_\_

Address 1223 TADSWORTH TER Address: \_\_\_\_\_  
LAKE MARY, FL  
32746

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

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

(cont)

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: ROBERT P. ORISTAGLIO  
Address: 1223 TADSWORTH TER  
LAKE MARY, FL 32746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT P. ORISTAGLIO  
Address: 1223 TADSWORTH TER  
LAKE MARY, FL 32746

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

Robert P. Oristaglio  
Required Signature/Registered Agent

7/30/14  
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.

Robert P. Oristaglio  
Required Signature/Incorporator

7/30/14  
Date

FILED  
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DIVISION OF CORPORATIONS  
17 AUG - 4 AM 11:26



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2014

NANCY T. SANDERS  
P.O. BOX 1071  
LAKE PLACID, FL 33862

The Articles of Incorporation for MELVIL DEWEY MUSEUM, INC. were filed on August 4, 2014 and assigned document number N14000007309. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: Compliance with the following procedures is essential to maintaining your corporate status. Failure to do so may result in dissolution of your corporation.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the filed date or effective date indicated above. **It is your responsibility to remember to file your annual report in a timely manner.** A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Should your corporate mailing address change, you must notify this office in writing, to insure important mailings such as the annual report notices reach you.

Should you have any questions regarding corporations, please contact this office at (850) 245-6052.

Tyrone Scott, Regulatory Specialist II  
New Filings Section

Letter Number: 014A00016872