

P14000084 F90

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

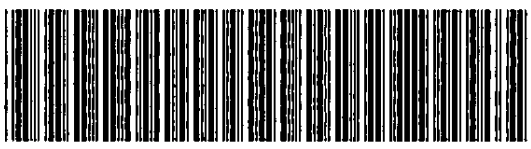
(Business Entity Name)

(Document Number)

Certified Copies / Certificates of Status /

Special Instructions to Filing Officer:

Office Use Only



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10/14/14--01007--007 **87.50

FILED
14 OCT 14 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2014
S. GILBERT

COVER LETTER

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

SUBJECT: Carlos L. Santi, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Carlos Luis Santi

Name (Printed or typed)

9021 SW 48 ST

Address

MIAMI, FLORIDA 33165

City, State & Zip

305-733-7111

Daytime Telephone number

CSANT006@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)

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ARTICLE I NAME
The name of the corporation shall be: Carlos L. Santi, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address

9021 SW 48 ST
MIAMI, FLORIDA 33165

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Legal Services and Representation

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Carlos Santi, President</u>	Name and Title:	_____
Address	<u>9021 SW 48 ST</u>	Address:	_____
	<u>MIAMI, FLORIDA 33165</u>		_____

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:

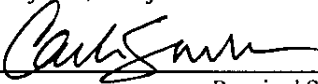
Name: Carlos Luis Santi
Address: 9021 SW 48 ST
MIAMI, FLORIDA 33165

ARTICLE VII INCORPORATOR

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

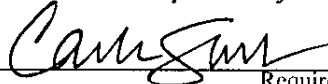
Name: Carlos Luis Santi
Address: 9021 SW 48 ST
MIAMI, FLORIDA 33165

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

10/8/14
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.


Required Signature/Incorporator

10/8/14
Date