

P/5000045004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

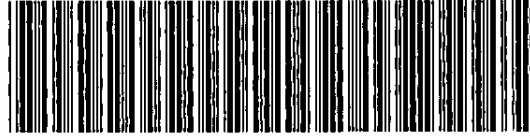
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/15--01032--002 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 18 PM 3:06

K 05/20/15

COVER LETTER

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

SUBJECT: David Simonetta 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

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

FROM: David SIMONETTA
Name (Printed or typed)

4641 SW 42 AVE
Address

FORT LAUDERDALE FL 33314
City, State & Zip

954 837 3090
Daytime Telephone number

DavidJ.SIMONETTA@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 David Simonetta PROFESSIONAL
ASSOCIATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4641 SW 42 AVE

FORT LAUDERDALE FL 33314

← SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL REAL ESTATE
IN SOUTH FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Simonetta

Name and Title: _____

Address 4641 SW 42 AVE

Address: _____

Fort Lauderdale FL

33314

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: David Simonetta
Address: 4641 SW 42 AVE
FORT LAUDERDALE FL 33314

ARTICLE VII INCORPORATOR

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

Name: David Simonetta
Address: 4641 SW 42 AVE
FORT LAUDERDALE FL 33314

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-12-15

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

5-12-15

Date