

P 15000046016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

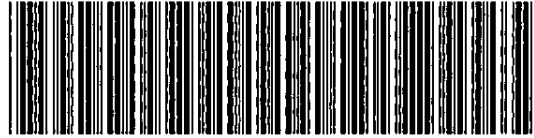
(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only

W15-24101



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04/13/15--01035--022 **78.75

FILED
15 MAY 22 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

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

FROM: BRIAN C ACRI
Name (Printed or typed)
158 SW ANDOVER CT
Address
PORT ST LUCIE FL 34953
City, State & Zip
772-985-1302
Daytime Telephone number
BACRI13@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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



RECEIVED

15 MAY 22 PM 12:45

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2015

BRIAN C ACRI
158 SW ANDOVER CT
PORT ST LUCIE, FL 34953

SUBJECT: BRIAN C. ACRI P.A.
Ref. Number: W15000026101

We have received your document for BRIAN C. ACRI P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 415A00007486

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

FILED
15 MAY 22 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: BRIAN C. ACRI P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address
158 SW ANDOVER CT
PORT ST LUCIE, FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any general business purpose in Real Estate

ARTICLE IV SHARES 7500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Brian Acri President, Secretary, Director</u>	Name and Title:	_____
Address	<u>158 SW Andover Ct</u> <u>Port St Lucie, FL 34953</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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:

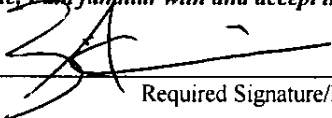
Name: Brian Acri
Address: 158 SW Andover Ct
Port St Lucie FL 34953

ARTICLE VII INCORPORATOR

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

Name: Brian Acri
Address: 158 SW Andover Ct
Port St Lucie, FL 34953

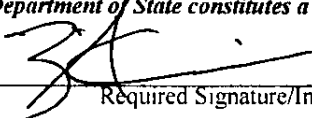
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/31/15
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

3/31/15
Date