

P150000 86178

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 OCT -8 AM 9:07

OCT 20 2015

T SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT -8 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 23, 2015

SCOTT DELLATORE
9160 ISLA BELLA CIRCLE
BONITA SPRINGS, FL 34135

SUBJECT: SCOTT DELLATORE, P.A.
Ref. Number: W15000063382

We have received your document for SCOTT DELLATORE, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 515A00020103

COVER LETTER

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

SUBJECT: Scott Dellatore 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: Scott Dellatore

Name (Printed or typed)

9160 Isla Bella Circle

Address

Bonita Springs, Florida 34135

City, State & Zip

239-675-9499

Daytime Telephone number

sdellatore@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: Scott Dellatore, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9160 Isla Bella Circle

Bonita Springs, Florida 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

" This professional association is organized for the purpose of being a licensed real estate agent."

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Dellatore, President

Name and Title: _____

Address 9160 Isla Bella Circle

Address: _____

Bonita Springs, florida 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 OCT - 8 AM 9:07

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: Scott Dellatore
Address: 9160 Isla Bella Circle
Bonita Springs, Florida 34135

ARTICLE VII INCORPORATOR

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

Name: Scott Dellatore
Address: 9160 Isla Bella Circle
Bonita Springs, Florida 34135

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

8-31-15
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

8-31-15
Date