

P16000023441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

02/16/16--01027--019    \*\*78.75

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mr. Pared, said  
"Real Estate" is for purpose  
3/15/16

2016-13446

Office Use Only

APPROVED  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 15 AM 7:34

VH

## COVER LETTER

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

**SUBJECT:** Dominic V Paredi 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      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: Dominic V Paredi  
Name (Printed or typed)

415 Valley Edge Drive  
Address

Minneola FL 34715  
City, State & Zip

352 - 537 - 1411  
Daytime Telephone number

DPNOTARY@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

February 23, 2016

DOMINIC V PAREDI  
415 VALLEY EDGE DR  
MINNEOLA, FL 34715

**SUBJECT: DOMINIC V PAREDI P.A.**  
Ref. Number: W16000013446

We have received your document for DOMINIC V PAREDI 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.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 916A00003757

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

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

16 MAR 15 AM 7:34

**ARTICLE I NAME**

The name of the corporation shall be:

*Dominic v Pared! PA*

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

*4115 Valley Edge Dr*  
*Minneola FL 34715*

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Professional Association*  
*To engage in a for profit business*  
*new home sales, Real Estate*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1000*

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

Name and Title: *Dominic v Paredi* Name and Title: *President*

Address: *4115 Valley Edge Dr* Address: *Minneola FL 34715*

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

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

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

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

APPROVED  
AND  
FILED

16 MAR 15 AM 7:34

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dominic V Paredi  
Address: 415 Valley Edge Dr  
Minneola FL 34715

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dominic V Paredi  
Address: 415 Valley Edge Dr  
Minneola FL 34715

**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

2/10/2016  
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

3/10/16  
Date