

P16000023441

(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:

Mr. Paredi said
"Real Estate" is PA purpose
3/15/16

~~6016-13446~~

Office Use Only



600281508316

02/16/16--01027--019 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 15 AM 7:34

APPROVED
AND
FILED

VX

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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
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 Paredi

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

415 Valley Edge Dr

Minneola FL 34715

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

415 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