## P1600033703

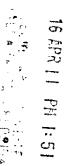
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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APR 15 2016 S. GILBERT

## **COVER LETTER**

TO: Charter Se Division of	ection of Corporations		
SUBJECT:	Robyn Rocco Name of		create a Pit
	tificate of Conversion, Article orida Profit Corporation" in ac		es are submitted to convert an comor-bushing
Please return all c	orrespondence concerning thi	s matter to:	
Roby	Contact Person		
	Firm/Company		
<u>645</u> @	randview D. Address	<u></u>	
Lehi	Address  Acres  City, State and Zip Cod	- 33936 le	
Roby E-mail addr	n (a) Landerres, ess: (to be used for future ann	ual report notification)	
For further inform	nation concerning this matter,		,
- Roblyn Name	of Contact Person	at ( <u>239</u> ) 73 Area Code and	1 Daytime Telephone Number
Enclosed is a chec	ck for the following amount:		
\$105.00 Filing	Fees Status Status	□\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDR New Filings Section Division of Corporation Building 2661 Executive Control Tallahassee, FL 3	on orations enter Circle	New F Divisio P. O. E	AING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

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

in compliance with Cha	pter our and/or enapter our, r.o. (rront)
ARTICLE I NAME  The name of the corporation shall be:	YN ROCCO, P.A. 16 APRIL F
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	A Company of the Comp
Principal street address 645 Grandview Dr.	Mailing address, if different is:
Lehigh Acres, FL 33936	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is	:
Professional Association.	for Real Estate activity
The number of shares of stock is: 100.	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: Robinson Rocco N A	Name and Title:
Address:	Address:
Name and Title:	
Address:	Address:
Name and Title:	
Address:	Address:

ARTICL	E VI REGISTERED AGENT		
The name	and Florida street address (P.O. Box NOT acceptabl	le) of the registered agent is:	
Name:	Robyn Rocco		
Address:	645 Grandview Dr.		
	Letugh Acres, a 33436		
ARTICL			
The name	and address of the Incorporator is:		
Name:	Robyn Rocco		
Address:	OUS Grandnew br.		
	religheres, 91 33936		
	•		
		*********	
Having be this certifi	en named as registered agent to accept service of pro cate, I am familiar with and accept the appointment a	cess for the above stated corporation at the place is registered agent and agree to act in this capacit	designated in y
	Della	4/6/16	
	Required Signature/Registered Agent	Date	
I submit ti document	his document and affirm that the facts stated herein a to the Department of State constitutes a third degree j	are true. I am aware that any false information . felony as provided for in s.817.155, F.S.	submitted in a
	Colle-	4/6/14	
	Required Signature/Incorporator	Date	