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16 MAY 10 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. MAY 18 2016

COVER LETTER

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

SUBJECT: Soriano Law, 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

<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: Robert A. Soriano

Name (Printed or typed)

2903 W Bayshore Ct

Address

Tampa, FL 33611

City, State & Zip

813.924.7815

Daytime Telephone number

robertsr soriano@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: Soriano Law, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2903 W Bayshore Ct

Tampa, FL 33611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of law

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert A Soriano, President

Name and Title: _____

Address 2903 W Bayshore Ct

Address: _____

Tampa, FL 33611

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Robert A Soriano
Address: 2903 W Bayshore Ct
Tampa, FL 33611

16 MAY 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Robert A Soriano
Address: 2903 W Bayshore Ct
Tampa, FL 33611

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

RA Soriano
Required Signature/Registered Agent

5/3/2016
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.

RA Soriano
Required Signature/Incorporator

5/3/2016
Date