

P16000076124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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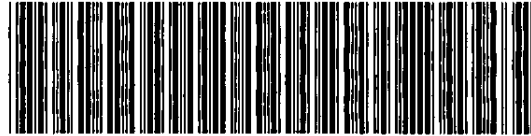
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -9 AM 7:33

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1/11

COVER LETTER

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

SUBJECT: Robin Vaccai, 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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robin Vaccai

Name (Printed or typed)

3869 Woodmere Park Blvd, Apt. 12

Address

Venice FL 34293

City, State & Zip

(941) 716-9867

Daytime Telephone number

robinvaccai@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)

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ARTICLE I NAME

The name of the corporation shall be: Robin Vaccai, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3869 Woodmere Park Blvd., Apt. 12

Venice FL 34293

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Licensed real estate agent operating as a Professional Association for tax and liability purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin Vaccai, President

Name and Title: Robin Vaccai, Secretary/Treasurer

Address 3869 Woodmere Park Blvd, Apt. 12

Address: 3869 Woodmere Park Blvd, Apt. 12

Venice FL 34293

Venice FL 34293

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE VI REGISTERED AGENT

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

Name: Robin Vaccai
Address: 3869 Woodmere Park Blvd, Apt. 12
Venice FL 34293

ARTICLE VII INCORPORATOR

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

Name: Robin Vaccai
Address: 3869 Woodmere Park Blvd, Apt. 12
Venice FL 34293

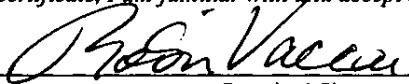
ARTICLE VIII EFFECTIVE DATE:

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
9/3/16
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
9/3/16
Date