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2016 OCT - 4 PM 12:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

V HERRING

OCT - 7 2016

## COVER LETTER

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

9/22/16

FAN 40.

VALERIE HERRING  
(888) 1-850-245-680

SUBJECT: MARCO SPINELLI 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: Marco Spinelli  
Name (Printed or typed)

3185 NW 126th Ave.  
Address

Sunrise, Florida 33323  
City, State & Zip

(305) 331-1613  
Daytime Telephone number

spinellione@hotmail.com  
E-mail address: (to be used for future annual report notification)

AMENDED  
ARTICLE III  
PURPOSE  
↓  
# of  
Shares

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2016

MARCO SPINELLI  
3185 NW 126TH AVE  
SUNRISE, FL 33323

SUBJECT: MARCO SPINELLI P.A.  
Ref. Number: W16000063393

We have received your document for MARCO SPINELLI P.A. and your check(s) totaling \$87.50. 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

\*\*\*1. Please list only the number of shares of stock and remove all other information. \*\*\*2. Please list only the licensed purpose and remove "Any activity or business permitted".

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: 516A00019537



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2016

MARCO SPINELLI  
3185 NW 126TH AVE  
SUNRISE, FL 33323

SUBJECT: MARCO SPINELLI P.A.  
Ref. Number: W16000063393

We have received your document for MARCO SPINELLI P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific business purpose of the professional association must be stated in the document.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

\*\*\*1. Please list only the number of shares of stock and remove all other information. \*\*\*2. Please list only the licensed purpose and remove "Any activity or business permitted".

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.

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Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00019537

**ARTICLES OF INCORPORATION**

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

FILED

2016 OCT -4 PM 12:07

**ARTICLE I NAME**The name of the corporation shall be: MARCO SPINELLI P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street addressSECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:3185 NW 126th Ave.P.O. Box 267703Sunrise, Florida 33323Weston, Florida 33326**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any activity or business permitted under the laws of the United States and/or the State of Florida. And, in general to carry on any other business whatsoever in connection with the foregoing or which is calculated directly or indirectly to promote the interests of or raise money for the purpose of the company, and to secure the same and interest, or for any other purpose. To mortgage all or any part of the property corporeal or incorporeal rights or franchises of this company now owned or hereafter acquired, and to, create, issue, draw and accept and negotiate bonds and mortgages, bills of exchange, promissory notes or other obligations or negotiable instruments. And, more specifically, all legal services in connection to any and all matters related to real estate, including investments, purchase and sale of real estate properties, real property, management, leases and any other matters related to the business of real estate.

**ARTICLE IV SHARES**

The number of shares of stock is:

**10 SHARES****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Marco SpinelliName and Title: ANA LUCIA SPINELLIAddress 3185 NW 126th Ave.Address: 3185 NW 126th Ave.Sunrise, FL 33323Sunrise, FL 33323

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED

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

2016 OCT -4 PM 12:07  
DEPARTMENT 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: Alfredo G. Duran

Address: 2340 So. Dixie Highway  
Miami, Florida 33133

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Marco Spinelli

Address: 3185 NW 126th Ave.  
Sunrise, Florida 33323

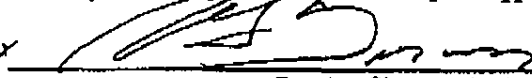
**ARTICLE VIII EFFECTIVE DATE:**

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

8/30/16

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

8/30/16

Date