

P/6 000088872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

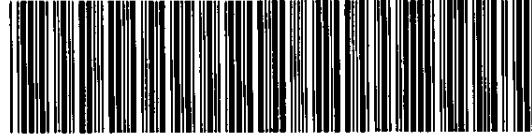
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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11/08/16

November 1, 2016

Department of State
Division of Corporations

Clifton Building
2661 Executive Center Drive
Tallahassee, FL 32301

Reference: Aaron Baschieri, P.A.
Florida Document Number: P15000028553

Dear Department:

It has come to our attention that our corporation Aaron Baschieri, P.A. was dissolved administratively.

At this time I would like to release our document number P15000028553 as the authorized president of this corporation

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,



Aaron Baschieri, President

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COVER LETTER

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

SUBJECT: Aaron Baschieri, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Aaron Baschieri

Name (Printed or typed)

3507 Lee Blvd Ste 220

Address

Leehigh Acres, FL 33971

City, State & Zip

239-233-1170

Daytime Telephone number

abe2006@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: Aaron Baschieri, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3507 Lee Blvd Ste 220

Lehigh Acres, FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ 1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Baschieri, President

Name and Title: _____

Address

3507 Lee Blvd Ste 220

Address: _____

Lehigh Acres, FL 33971

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: _____

ARTICLE VI REGISTERED AGENT

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

Name: Aaron Baschieri
Address: 3507 Lee Blvd Ste 220
Lehigh Acres, FL 33971

ARTICLE VII INCORPORATOR

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

Name: Aaron Baschieri
Address: 3507 Lee Blvd Ste 220
Lehigh Acres, FL 33971

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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

Aaron Baschieri 11/1/2016
Required Signature/Registered Agent 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.

Aaron Baschieri 11/1/2016
Required Signature/Incorporator Date