

PN00031126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

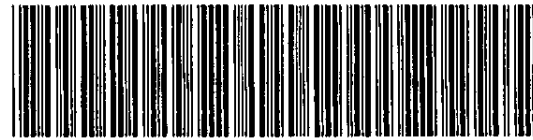
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



200297365412

03/31/17--01043--021 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR 31 AM 8:46

APPROVED
AND
FILED

Office Use Only

APR 06 2017

SCOTT

COVER LETTER

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

SUBJECT: RICARDO A OREZZOLI, PA

(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: JAMES GONZALEZ

Name (Printed or typed)

3650 NW 82ND AVE SUITE 404

Address

DORAL, FL 33166

City, State & Zip

3054063800

Daytime Telephone number

ATPLUS@LIVE.COM

E-mail address: (to be used for future annual report notification)

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

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **RICARDO A OREZZOLI**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **RICARDO A OREZZOLI, P.A.**, a Florida corporation to be filed with the Florida Department Of State on or about **MARCH 27TH 2017**.
2. The undersigned hereby consents to and authorizes the use by **RICARDO A OREZZOLI, P.A.** of the name **RICARDO A OREZZOLI, P.A.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

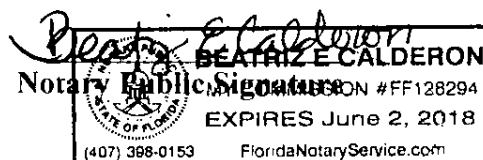


Ricardo A Orezzaoli

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, **RICARDO A OREZZOLI**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 27TH day of MARCH, 2017



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: RICARDO A OREZZOLI, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

27501 SW 170TH AVE

HOMESTEAD, FL 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE AGENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICARDO A OREZZOLI PRESIDENT

Name and Title:

Address 27501 SW 170TH AVE

Address:

HOMESTEAD, FL 33031

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

17 MAR 31 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: RICARDO A OREZZOLI
Address: 27501 SW 170TH AVE
HOMESTEAD, FL 33031

ARTICLE VII INCORPORATOR

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

Name: RICARDO A OREZZOLI
Address: 27501 SW 170TH AVE
HOMESTEAD, FL 33031

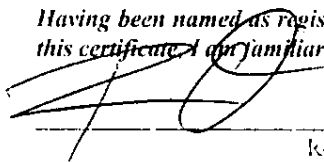
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

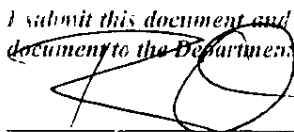


Required Signature/Registered Agent

3/27/2017

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

3/27/2017

Date