

P/7000067531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

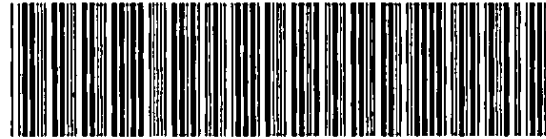
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/27/17--01019--002 **20.00

17 AUG 17 AM 8:55
HALL COUNTY CLERK
FLORIDA

W17-062062

08/11/17

COVER LETTER

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

SUBJECT: Damian A. Zuanetto 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: Damian Zuanetto
Name (Printed or typed)

6346 Westchester Club Dr N
Address

Boynton Beach, FL 33426
City, State & Zip

954 940-0038
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

DAMIAN ZUANETTO
6346 WESTCHESTER CLUB DR., NORTH
BOYNTON BCH., FL 33426

SUBJECT: DAMIAN A. ZUANETTO P.A.
Ref. Number: W17000062062

We have received your document for DAMIAN A. ZUANETTO P.A. and your check(s) totaling \$70.00. 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.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 617A00015254

ED
RE
17 AUG 10 11:15
CORPORATIONS
COMMERCIAL
SERVICES
BUREAU
INFO

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: Daniam A. Zuanetto P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6346 Westchester Club Dr N.
Boynton Beach FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful activity for
which corporations may be incorporated in the
the state.

For Real Estate related business, I am a realtor.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniam Zuanetto President Name and Title: _____

Address 6346 Westchester Club Address: _____
Dr N
Boynton Beach FL 33426

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 AUG 10 AM 8:55
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

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: Damian Zuanetto

Address: 6346 Westchester Club Dr N.
Boynton Beach, FL 33426

ARTICLE VII INCORPORATOR

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

Name: Damian Zuanetto

Address: 6346 Westchester Club Dr N.
Boynton Beach, FL 33426

17 AUG 17 AM 8:55
FILED
CLERK OF COURT
STATE OF FLORIDA

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

7/24/2017
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

7/24/2017
Date