

P17000074292

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

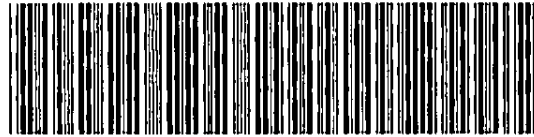
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900303308249

09/06/17--01013--015 \*\*70.00

17 SEP -6 PM 2:03  
STATE  
TALLAHASSEE, FLORIDA

09/07/17

August 25, 2017

Florida Department of State  
Divisions of Corporations, Clifton Bldg  
2661 Executive Center Circle  
Tallahassee FL 32301

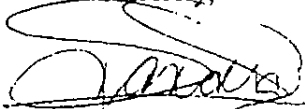
**Re: SANDRA PANICO, P.A.**

To whom it may concern:

Please find enclosed the Articles of Incorporation and payment for processing regarding Sandra Panico, P.A. I, Sandra Panico, President of Sandra Panico, P.A., have no plans to reinstate this company but would like the Articles of Incorporation processed on as soon as possible. I understand the effective date will be for 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 786.543.5378.

Sincerely,



Sandra Panico,  
President

17 SEP -6 PM 2:03  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** SANDRA PANICO, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** SANDRA P PANICO  
\_\_\_\_\_  
Name (Printed or typed)

18442 102ND WAY SOUTH  
\_\_\_\_\_  
Address

BOCA RATON FL 33498  
\_\_\_\_\_  
City, State & Zip

305-807-8846  
\_\_\_\_\_  
Daytime Telephone number

SANDRA@SWEETFLORIDALIVING.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: SANDRA PANICO, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18442 102ND WAY SOUTH

BOCA RATON FL 33498

Mailing address, if different

**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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SANDRA P PANICO, PRESIDENT

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

Address 18442 102ND WAY SOUTH

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

BOCA RATON FL 33498

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: ANTHONY G COLEMAN JR  
Address: 4171 W HILLSBORO BLVD, STE 8  
COCONUT CREEK FL 33073

17 SEP -6 PM 2:03  
STATE  
TALLAHASSEE - FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: ANTHONY G COLEMAN JR  
Address: 4171 W HILLSBORO BLVD, STE 8  
COCONUT CREEK FL 33073

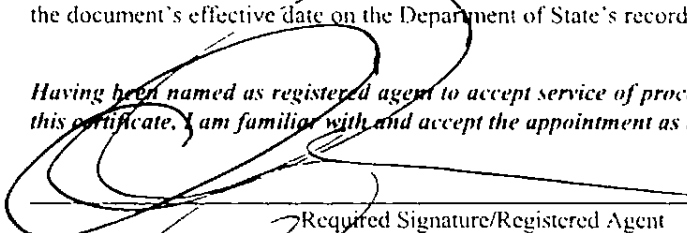
**ARTICLE VIII EFFECTIVE DATE:**

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.)

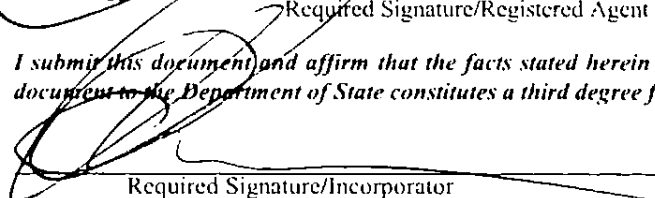
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06-09-17  
\_\_\_\_\_  
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

06-09-17  
\_\_\_\_\_  
Date