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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

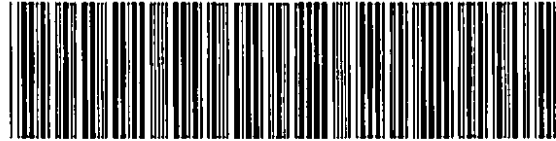
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 29 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

FEB 06 2018

January 22, 2018

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Louis Simonetta PA Florida Document Number P09000075319

Dear Department:

It has come to my attention that my annual report was not filed for and that my corporation has become administratively dissolved.

At this time I would like to release my Florida document number P09000075319 for my corporation

Louis Simonetta PA.

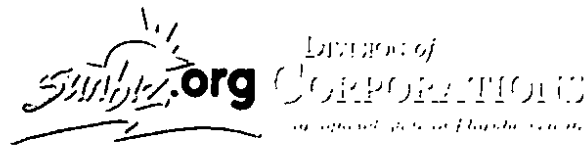
I am also enclosing for submission new articles that I would ask the department to process for me at this time.

Thanking you in advance for your assistance with these matters.

Sincerely,

A handwritten signature in black ink that reads "Louis Simonetti". The signature is written in a cursive, flowing style with a large, stylized "L" and "S".

Louis Simonetti, President



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Profit Corporation

LOUIS SIMONETTI, PA

Filing Information

Document Number P09000075319
FEI/EIN Number 27-0807162
Date Filed 09/09/2009
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION
FOR ANNUAL REPORT
Event Date Filed 09/23/2016
Event Effective Date NONE

Principal Address

1830 SE 6TH AVENUE
CAPE CORAL, FL 33990

Mailing Address

1830 SE 6TH AVENUE
CAPE CORAL, FL 33990

Registered Agent Name & Address

SWAN, LAWRENCE
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

Officer/Director Detail

Name & Address

Title PD

SIMONETTI, LOUIS
1830 SE 6TH AVENUE
CAPE CORAL, FL 33990

Title VSTD

SIMONETTI, JUDITH
1830 SE 6TH AVENUE
CAPE CORAL, FL 33990

Annual Reports

COVER LETTER

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

SUBJECT: Louis Simonetti 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 ☐ \$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: Louis Simonetti

Name (Printed or typed)

1830 SE 6th Avenue

Address

Cape Coral, FL 33990

City, State & Zip

239-470-7447

Daytime Telephone number

lousimonetti1@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: Louis Simonetti PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

1830 SE 6th Avenue

Cape Coral, FL 33990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business pertaining to real estate agents

ARTICLE IV SHARES

The number of shares of stock is: 1000 Shares @ \$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louis Simonetti, President

Name and Title:

Address 1830 SE 6th Avenue

Address:

Cape Coral, FL 33990

Name and Title: Judith Simonetti, Vice President

Name and Title:

Address 1830 SE 6th Avenue

Address:

Cape Coral, FL 33990

Name and Title:

Name and Title:

Address

Address:

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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: Louis Simonetti

Address: 1830 SE 6th Avenue

Cape Coral, FL 33990

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ARTICLE VII INCORPORATOR

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

Name: _____

Address: _____

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

✓ Louis Simonetti
Required Signature/Registered Agent

1-23-18
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.

✓ Louis Simonetti
Required Signature/Incorporator

1-23-18
Date