Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
THOMAS LOCASCIO, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

2019 MAY 22 AM 9:07

13 MAY 22 AM 10:56

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K. PAGE

MAY 23 2019

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: Thomas LoCascio, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1515 OCEANIA DR S, NAPLES, FL 34113	1515 OCEANIA DR S, NAPLES, FL 34113

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: realtor

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS LOCASCIO, PRES & DIR
Address: 1515 OCEANIA DR S.
NAPLES, FL 34113

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: THOMAS LOCASCIO

Address: 1515 OCEANIA DR S, NAPLES, FL 34113

ARTICLE VII INCORPORATOR

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

Name: THOMAS LOCASCIO

Address: 1515 OCEANIA DR S, NAPLES, FL 34113

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.

Thomas LoCascio 5-20-19

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.

Thomas LoCascio 5-20-19

Required Signature/Incorporator Date