P19000080445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

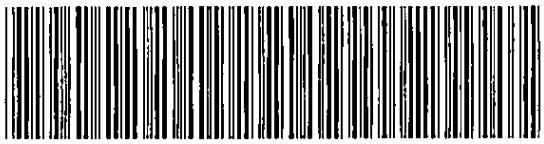
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-94744

Office Use Only



800336115288

FILED

2019 OCT 24 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 24 PM 1:47

OCT 29 2019

Brumbley

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/24/2019 **PRIORITY** Routine **OUR REF # (Order ID#)** 778307

ORDER ENTITY
NICOLE C. IPPOLITO, P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:
NICOLE C. IPPOLITO, P.A. (FL)

New corp filing - Please provide a certified copy and certificate of status as evidence.

NOTES:
$87.50 Authorized - Please honor the original submission date as the file date, thanks!
Email address for annual report reminders: jmarcuscpa@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: NICOLE C. IPPOLITO, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
676 WEST PROSPECT ROAD	P.O. BOX 22334
FT. LAUDERDALE, FL 33309	FT. LAUDERDALE, FL 33335

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful activity.

REAL ESTATE AGENT

ARTICLE IV SHARES
The number of shares of stock is: 500 SHARES @ $1.00 PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLE C. IPPOLITO, PRESIDENT
Address: P.O. BOX 22334
FT. LAUDERDALE, FL 33335

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 24 AM 10:45

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: NICOLE C. IPPOLITO

Address: 676 WEST PROSPECT ROAD

FT. LAUDERDALE, FL 33309

ARTICLE VII – INCORPORATOR

The name and address of the incorporator is:

Name: NICOLE C. IPPOLITO

Address: 676 WEST PROSPECT ROAD

FT. LAUDERDALE, FL 33309

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

_____ 10/24/2019

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.

_____ 10/24/2019

Required Signature/Incorporator Date