

PZ1 0000001815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

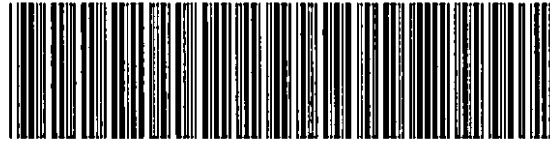
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Office

Office Use Only



000354118420

10/27/20--01010--017 **137.50

2021 JAN 11 AM 4:35

From: corphelp corphelp@DOS.MyFlorida.com
Subject: rejection letter
Date: Dec 8, 2020, 2:19:47 PM
To: mangiardij@yahoo.com

Thank you for your call today. The text of the letter we talked about is copied below.

Thank you.

Lee Rivers, Internet Support Section
Florida Division of Corporations
<https://dos.myflorida.com/sunbiz/>

Click [here](#) for current processing dates.

November 6, 2020

JOSEPH N. MANGIARDI
11705 BOWEN PKWY
ROSCOE, IL 61073

SUBJECT: JOSEPH N. MANGIARDI, P.C.
Ref. Number: W20000128322

We have received your document for JOSEPH N. MANGIARDI, P.C. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Jessica A Fason

Regulatory Specialist II

Letter Number: 020A00022306

www.sunbiz.org

2020 DEC 14 PM 1:02

COVER LETTER

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

SUBJECT: Joseph N. Mangiardi, ~~P.C.~~ P.A.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: Joseph N. Mangiardi

Name (printed or typed)

11705 Bowen Pkwy

Address

Roscoe, Illinois 61073

City, State & Zip

815-540-5652

Daytime Telephone Number

mangiardij@yahoo.com

E-mail address: (to be used for future annual report notification)

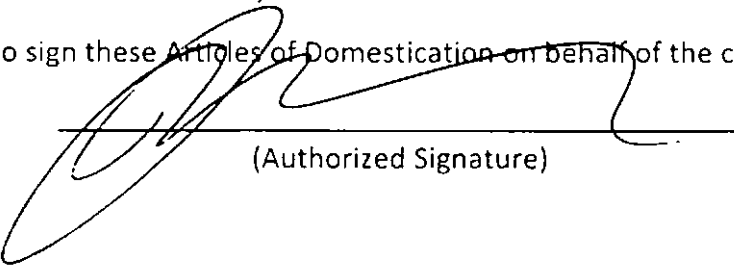
Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Joseph N. Mangiardi, President
(Name) (Title)

of Joseph N. Mangiardi, ~~P.C.~~ P.A., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Joseph N. Mangiardi, P.C.
(Foreign Corporation)
2. The jurisdiction and date of its formation is Illinois, May 19th., 1987
3. The name of the domesticated corporation is Joseph N. Mangiardi, P.C.
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

2021 JAN 11 AM 4:35

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Joseph N. Mangiardi, ~~PC~~ P.A.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
440 Seaview Ct. unit #1808

Mailing Address
440 Seaview Ct. unit # 1808

Marco Island, Fl. 34145

Marco Island, Fl. 34145

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Optometric Office

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

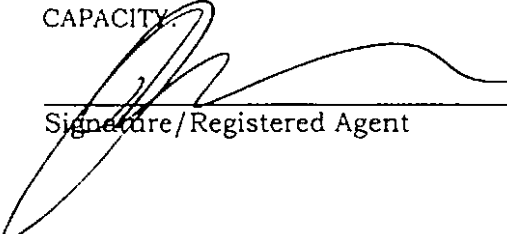
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

440 Seaview Ct. unit # 1808

Marco Island, Fl. 34145

Joseph N. Mangiardi

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.



Signature/Registered Agent

10/16/2020
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Joseph N. Mangiardi, President
Address: 440 Seaview Ct. unit # 1808
Marco Island, Fl. 34145

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

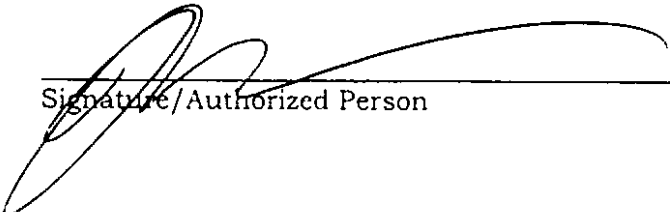
Name & Title: Constance M. Mangiardi, Secretary
Address: 440 Seaview Ct. unit # 1808
Marco Island, Fl. 34145

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.


Signature/Authorized Person

10/16/2020
Date