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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 : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
Account Number : I20170000034
Phone : (239)689-1096
Fax Number : (239)791-8132

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Legal@your-advocates.org

FLORIDA PROFIT/NON PROFIT CORPORATION
JOAN A. TRIBULAS, PA

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

J. FASON

JAN 26 2021

COVER LETTER

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

SUBJECT: JOAN A. TRIBULAS, 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: RITA JACKMAN
Name (Printed or typed)

12381 S. CLEVELAND AVE, STE 200

Address

FORT MYERS, FL 33907

City, State & Zip

239-689-1096

Daytime Telephone number

LEGAL@YOUR-ADVOCATES.ORG

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 NAMEThe name of the corporation shall be: JOAN A. TRIBULAS, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address5228 VERSAILLES CTCAPE CORAL, FL 33904

Mailing address, if different is:

5228 VERSAILLES CTCAPE CORAL, FL 33904**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: JOAN A. TRIBULAS

Name and Title: _____

Address

5228 VERSAILLES CT

Address: _____

CAPE CORAL, FL 33904

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 JAN 25 AM 5:41

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: RITA JACKMAN
Address: 12381 S. CLEVELAND AVE STE 200
FORT MYERS, FL 33907

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: RITA JACKMAN
Address: 12381 S. CLEVELAND AVE STE 200
FORT MYERS, FL 33907

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: JANUARY 25, 2021 (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

1/25/2021
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

1/25/2021
Date

2021 JAN 25 AM 5:41