

H220002415933
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Florida Department of State
Division of Corporations
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CORPORATION
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Frank Procopio, PA

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COVER LETTER

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

SUBJECT: Frank Procopio, 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
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED****FROM:** Pam Lundborg

Name (Printed or typed)

1395 Panther Lane, Suite 300

Address

Naples, FL 34109

City, State & Zip

239-434-4959

Daytime Telephone number

lorijane.graham@quarles.com

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

2009 JUL 15 AM 1:26

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Frank Procopio, PA**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
3733 Helmsman Dr

Mailing address, if different is:

Naples, FL 34120**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Florida Real Estate Licensed Sales Agent**ARTICLE IV SHARES**The number of shares of stock is: 100 shares**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Frank Procopio, president and director

Name and Title: _____

Address 3733 Helmsman Dr

Address: _____

Naples, FL 34120

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 JUL 15 AM 11:26

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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: Frank Procopio
 Address: 3733 Helmsman Dr
Naples, FL 34120

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Frank Procopio
 Address: 3733 Helmsman Dr
Naples, FL 34120

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

Frank Procopio 7/15/22
 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.

Frank Procopio 7/15/22
 Required Signature/Incorporator Date

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