

From: M. BURR KEIM CO

Fax: 12159779386

To:

Fax: (850) 617-6381

Attn: Of

3/07/2024 2:01 PM

**P24000016981**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000090692 3))



H240000906923ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

**\*\*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  
JOSEPH DIGIOVANNI LEGAL REFERRALS, INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

STATE  
DEPARTMENT OF  
CORPORATIONS  
FL

2024 MAR -7 PM 1:59

FILED

(((H240000906923)))

**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: JOSEPH DIGIOVANNI LEGAL REFERRALS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address15370 Bellamar Circle, Unit 3421Ft. Myers, FL 33908

Mailing address, if different is:

15370 Bellamar Circle, Unit 3421Ft. Myers, FL 33908**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Legal referrals**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joseph DiGiovanni, DirectorName and Title: Joseph DiGiovanni, PresidentAddress 15370 Bellamar Circle, Unit 3421Address: 15370 Bellamar Circle, Unit 3421Ft. Myers, FL 33908Ft. Myers, FL 33908

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2024 MAR -7 PM 1:59  
CLERK  
STATE OF FLORIDA

(((H240000906923)))

(((H240000906923)))

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: Joseph DiGiovanniAddress: 15370 Bellamar Circle, Unit 3421  
Ft. Myers, FL 33908**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Joseph DiGiovanniAddress: 15370 Bellamar Circle, Unit 3421  
Ft. Myers, FL 33908**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*x Joseph DiGiovanni  
Required Signature/Registered Agent3/7/24  
Date*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*x Joseph DiGiovanni  
Required Signature/Incorporatoratc 3/7/24

(((H240000906923)))

FILED

2024 MAR -7 PM 2:00

RECEIVED