

P12.000091180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

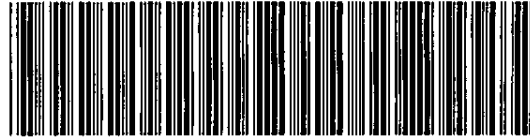
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700241173537

10/29/12 -- 01026 -- 011 \*\*79.75

12 OCT 29 PM 2:09

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

for 10/30/12

**COVER LETTER**

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

**SUBJECT: LORI ANN NOVELLO CORTESE, P.A.**  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: LORI ANN NOVELLO CORTESE**  
Name (Printed or typed)

**3020 NE 32 AVENUE #1009**  
Address

**FORT LAUDERDALE, FL 33308**  
City, State & Zip

**954-464-1102**  
Daytime Telephone number

**lori.novello@yahoo.com**  
E-mail address: (to be used for future annual report notification)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 29 PM 2:09

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** LORI ANN NOVELLO CORTESE, P.A.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3020 NE 32 AVE  
#1009  
FORT LAUDERDALE, FL 33308

12 OCT 29 PM 2: 09  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Real Estate Sales

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lori A Novello Cortese, President Name and Title: \_\_\_\_\_  
Address: 3020 NE 32 Avenue Address: \_\_\_\_\_  
#1009 \_\_\_\_\_  
Fort Lauderdale, Fl 33308 \_\_\_\_\_

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

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: Lori A Novello Cortese  
Address: 3020 NE 32 Avenue #1009  
Fort Lauderdale, Fl 33308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Name: Lori A Novello Cortese  
Address: 3020 NE 32 Avenue #1009  
Fort Lauderdale, Fl 33308

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 10.24.12  
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 10.24.12  
Date