

P17000085489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

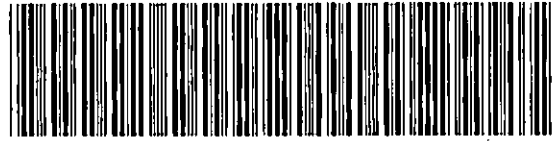
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COVER LETTER

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

SUBJECT: Pamela Misiano, 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: Pamela Misiano

Name (Printed or typed)

132 NW Swann Mill Circle

Address

Port St Lucie, Florida 34986

City, State & Zip

772-224-9691

Daytime Telephone number

pamsellsre4u@gmail.com

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 NAME

The name of the corporation shall be: Pamela Misiano, PA _____

ARTICLE II PRINCIPAL OFFICE

Principal street address _____ Mailing address, if different is: _____
132 NW Swann Mill Circle _____
Port St Lucie, Florida 34986 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales _____

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PORT ST LUCIE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000 _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela Misiano, President _____ Name and Title: _____
Address: 132 NW Swann Mill Circle _____ Address: _____
Port St Lucie, Florida 34986 _____

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

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: Pamela Misiano
 Address: 132 NW Swann Mill Circle
Port St Lucie, Florida 34986

DEPT. OF STATE, FLORIDA
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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Pamela Misiano
 Address: 132 NW Swann Mill Circle
Port St Lucie, Florida 34986

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

Pamela Misiano
 Required Signature/Registered Agent

10/19/2017
 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.

Pamela Misiano
 Required Signature/Incorporator

10/19/2017
 Date