

Division of Corporations

H220002570653

https://efile.sunbiz.org/scripts/efilcovr.exe

P22000060512

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.

((H22000257065 3)))



H220002570653ABC\$

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 : DAVID C. HASTINGS, CPA, PA  
Account Number : I2000000168  
Phone : (727)322-0909  
Fax Number : (727)610-8595

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

Email Address: NICKSHOEMAKER@GMAIL.COM

2022 JUL 29 AM 2:40

FLORIDA PROFIT/NON PROFIT CORPORATION  
NICHOLAS SHOEMAKER, PA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2022 JUL 29 PM 3:58

COMMUNICATIONS  
COMMERCIAL SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

H220002570653

H220002570653

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: NICHOLAS SHOEMAKER, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

110 Columns Circle # 301
New Port Richey, FL 34655

Mailing address, if different is:

SARVIZ

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A LICENSED FLORIDA REAL ESTATE AGENT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICHOLAS SHOEMAKER

Address: 110 Columns Circle # 301
New Port Richey, FL 34655

PRESIDENT / SECRETARY

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2022 JUL 29 AM 2:40

H220002570653

H270000-570653

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: DAVID C HASTINGS, CPA  
 Address: 2207 54TH ST S  
GULFPORT FL 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID C HASTINGS  
 Address: 2207 54TH ST S  
GULFPORT FL 33707

2022 JUL 29 AM 2:40

**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*

DC Hastings 7/29/22  
 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.*

DC Hastings 7/29/22  
 Required Signature/Incorporator Date

H270000-570653