

P23000031849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

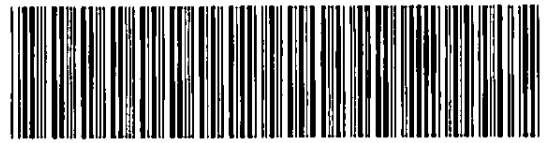
(Business Entity Name)

(Document Number)

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2023 APR 20 AM 2:26  
STATE  
TALLAHASSEE, FL

W23000049195



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2023

CERRISSA RUSHLOW  
1935 PHILLIPS ROAD  
LABELLE, FL 33935 US

SUBJECT: CERRISSA I RUSHLOW, PA  
Ref. Number: W23000049195

RECEIVED  
2023 APR 20 AM 11:11  
CORPORATIONS  
COMMERCIAL  
SERVICES

We have received your document for CERRISSA I RUSHLOW, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana  
Regulatory Specialist II

Letter Number: 323A00008026.

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

2023 APR 20 AM 2:26

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March 10, 2023

Department of State  
Division of Corporations

Clifton Building  
2661 Executive Center Drive  
Tallahassee, FL 32301

Reference: Cerrissa I. Rushlow, PA

Florida Document Number: P20000087287

Dear Department:

It has come to our attention that our corporation Cerrissa I. Rushlow, PA, was dissolved administratively.

At this time, I would like to release our document number P20000087287 as the authorized president of this corporation

I am also submitting at this time articles that I am asking you to file on my behalf.

Thank you for your assistance in getting these matters in order.

Sincerely,

Cerissa I. Rushlow, President



STATE  
TALLAHASSEE, FL

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

**ARTICLE I NAME** Cerrissa I Rushlow, PA  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
1935 Phillips Road \_\_\_\_\_  
LaBelle, FL 33935 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** Any and all Lawful Business. ✓  
The purpose for which the corporation is organized is: \_\_\_\_\_  
Real Estate Agent Licensed in  
Florida.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100 Shares @ 1.00 par value per share  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	Cerrisa Rushlow, President	Name and Title:	_____
Address	1935 Phillips Road	Address:	_____
	LaBelle, FL 33935		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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CLERK OF STATE  
TALLAHASSEE, FL

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: Ronald St. Clair, CPA  
 Address: 615 Cape Coral Pkwy W., Suite 106  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

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

Name: Cerissa Rushlow  
 Address: 1935 Phillips Road  
LaBelle, FL 33904

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

**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:*

Ronald St. Clair 3/10/2023  
 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.*

Cerissa Rushlow 3/10/23  
 Required Signature/Incorporator Date