

P20000030284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

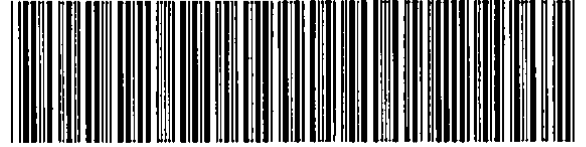
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

0120000034805

Office Use Only



200342485162

03/30/20--01012--007 ***67.50

2020 APR 16 PM 3:14

2020 APR 16 PM 3:14

FILED

COVER LETTER

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

SUBJECT: NICOLE RUIZ 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: NICOLE RUIZ
Name (Printed or typed)

725 Brown Chapel Rd
Address

St Cloud FL 34769
City, State & Zip

(407) 837-2711
Daytime Telephone number

nicoleruiz1125@icloud.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: Nicole Ruiz PA.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

725 Brown Chapel Rd
St. Cloud FL 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct Real Estate
transactions

ARTICLE IV SHARES

The number of shares of stock is: 100%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole Ruiz, President Name and Title: _____

Address 725 Brown Chapel Rd Address: _____
St. Cloud FL 34769

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2020 APR 16 PM 3:15
CLERK OF DISTRICT COURT

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: NICOLE RUIZ
Address: 725 Brown Chapel Rd
St. Cloud FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICOLE RUIZ
Address: 725 Brown Chapel Rd
St. Cloud FL 34769

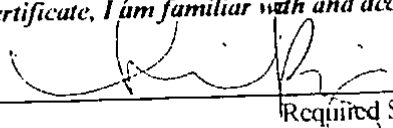
ARTICLE VIII EFFECTIVE DATE:

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.)

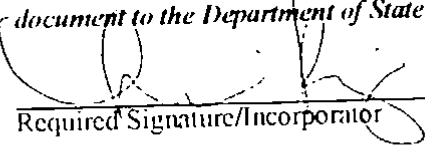
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

3/27/2020
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

3/27/2020
Date