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DIVISION OF REVENUE

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COVER LETTER

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

SUBJECT: Institute of Real Estate Management of the National Association of Realtors - South Florida Chapter No. 19, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Meridythe Kanaga
Name (Printed or typed)

2755 Border Lake Rd., Ste. 101
Address

Apopka, FL 32703
City, State & Zip

407-862-2292
Daytime Telephone number

admin@irem19.org
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Institute of Real Estate Management of the National Association of Realtors - South Florida Chapter No. 19, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2755 Border Lake Road

Suite 101

Apopka, FL 32703

Mailing address, if different is:

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INSTITUTE OF REAL ESTATE
MANAGEMENT OF THE NATIONAL
ASSOCIATION OF REALTORS
SOUTH FLORIDA CHAPTER NO. 19, INC.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to educate and advance the profession of real
estate management while helping real estate managers prosper and add value
to their companies and the properties they manage.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annually as
stated in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Art Littmann Jr., President

Address: 2755 Border Lake Road

Suite 101

Apopka, FL 32703

Name and Title: _____

Address: _____

Name and Title: Viola Sanchez, President Elect

Address: 2755 Border Lake Road

Suite 101

Apopka, FL 32703

Name and Title: _____

Address: _____

Name and Title: Paul White, Secretary/Treasurer

Address: 2755 Border Lake Road

Suite 101

Apopka, FL 32703

Name and Title: _____

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: Meridythe Kanaga
Address: 2755 Border Lake Road, Ste. 101
Apopka, FL 32703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Meridythe Kanaga
Address: 2755 Border Lake Road, Ste. 101
Apopka, FL 32703

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 of Registered Agent

12/24/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

12/24/2014
Date