

TRANSMITTAL LETTER

Pol000115983

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

SUBJECT:

URNINE F. LINTON P A
(PROPOSED CORPORATE NAME - ~~MUST INCLUDE SUFFIX~~) **78.75 *****78.75

000004705900--1
-12/05/01--01043--011

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

URNINE F. LINTON

Name (Printed or typed)

5881 NORTH WEST 16TH PLACE # 125

Address

SUNRISE, FLORIDA 33313

City, State & Zip

954-321-6462

Daytime Telephone number

FILED
01 DEC -5 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

gy 6/7

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:

URNINE F. LINTON P A

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5881 NORTH WEST 16TH PLACE # 125
SUNRISE, FLORIDA 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE AND MORTGAGE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

URNINE F. LINTON --- PRESIDENT
5881 NORTH WEST 16TH PLACE # 125
SUNRISE, FLORIDA 33313

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

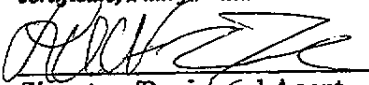
URNINE F. LINTON 5881 North west 16th place, #125
Sunrise, FL. 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

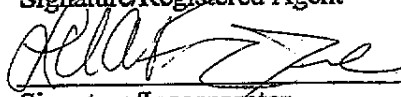
URNINE F. LINTON
5881 NORTH WEST 16 PL # 125
SUNRISE, FLORIDA 33313

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



Signature/Registered Agent

Date



Signature/Incorporator

Date

FILED
01 DEC -5 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA