

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 627  
Tallahassee, FL 32314

**P02000113367**

SUBJECT: ALIS FORAN P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500008480495--9

-10/21/02--01076--011

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed are 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: ALIS FORAN  
Name (Printed or typed)

EFFECTIVE DATE  
10-13-02

812 ARROWHEAD LANE  
Address

BRANDON FL 33511  
City, State & Zip

813-390-1769  
Daytime Telephone number

02 OCT 21 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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: *ALIS FORAN P.A.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*812 ARROWHEAD LANE  
BRANDON FL 33511*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*REAL ESTATE SALES*

## ARTICLE IV SHARES

The number of shares of stock is:

*10*

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

## ARTICLE VI REGISTERED AGENT

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

*ALIS FORAN  
812 ARROWHEAD LANE  
BRANDON FL 33511*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*ALIS FORAN  
812 ARROWHEAD LANE  
BRANDON FL 33511*

*Article VIII - Effective DATE OCTOBER 15, 2002*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*10-16-02*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*10-16-02*  
\_\_\_\_\_  
Date

FILED  
02 OCT 21 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE  
*10-15-02*