P0300002014/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY STAIL

TRANSMITTAL LETTER

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

SUBJECT:Mr	s. Gisela Smith PA		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00	☑ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 44.8 1 44	& Certificate of Status	& Certified Copy	Certified Copy
	co commonto or status	a common copy	& Certificate of
			Status
		ADDITIONAL CO	
			*
FROM:	Gisela Smith		
110111	Name	(Printed or typed)	· · · .
	4616 Lake Calabay Drive)	
		Address	
	Orlando, FL 32837		
	City	, State & Zip	
	407-491-1721		
		Telephone number	

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



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

ARTICLE I NAME

The name of the corporation shall be:

Gisela Smith, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4616 Lake Calabay Drive Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale of Real Estate

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):
Gisela Smith President

ARTICLE VI REGISTERED AGENT

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

Gisela Smith 4616 Lake Calabay Drive Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gisela Smith 4616 Lake Calabay Drive Orlando, Fl 32837

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	

Date
2 - 17- 03 Date
-/-