

PO3000099535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

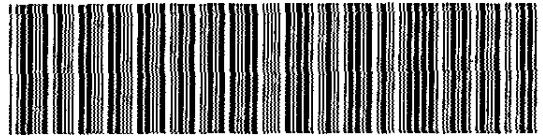
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/9/11

TRANSMITTAL LETTER

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

SUBJECT: ROSE BAUER, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLY)

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: ROSE BAUER

Name (Printed or typed)

3309 LOWSON BOULEVARD

Address

DELRAY BEACH, FL 33445

City, State & Zip

561-495-1052

Daytime Telephone number

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:

ROSE BAUER, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3309 LOWSON BOULEVARD
DELRAY BEACH, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REALESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROSE BAUER
3309 LOWSON BOULEVARD
DELRAY BEACH, FL 33445

ARTICLE VI REGISTERED AGENT

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

ROSE BAUER
3309 LOWSON BOULEVARD
DELRAY BEACH, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROSE BAUER
3309 LOWSON BOULEVARD
DELRAY BEACH, FL 33445

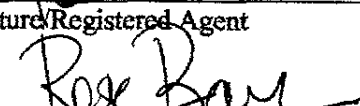
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9-2-03

Date



Signature/Incorporator

9-2-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA