

*P04000101954*

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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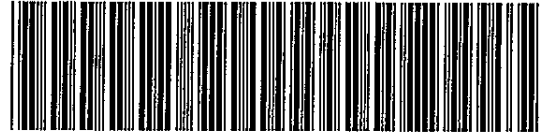
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATE AFFAIRS  
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*W/04-21894*

*AB 7/8*

**TRANSMITTAL LETTER**

RECEIVED

04 JUL -7 PM 1:55

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: GUIRLANDE MARDY, PA

(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

X \$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: GUIRLANDE MARDY

Name (printed or typed)

11924 FOREST HILL BLVD SUITE 4

Address

WELLINGTON, FL 33414

City, State & Zip

(561) 389-5546

Daytime Telephone number

**Note: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 7, 2004

GUIRLANDE MARDY  
11924 FOREST HILL BLVD  
SUITE 4  
WELLINGTON, FL 33414

SUBJECT: GUIRLANDE MARDY, PA  
Ref. Number: W04000021894

We have received your document for GUIRLANDE MARDY, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 104A00038705

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DIVISION OF CORPORATIONS

04 JUL -7 PM 2:56

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

GUIRLANDE MARDY, PA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11924 FOREST HILL BLVD  
SUITE 4  
WELLINGTON, FL 33414

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is (are):

REAL ESTATE SALES AND OTHER RELATED ACTIVITIES

### ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 (ONE HUNDRED SHARES)

### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUIRLANDE MARDY  
11924 FOREST HILL BLVD.  
SUITE 4  
WELLINGTON, FL 33414

**ARTICLE VI INCORPORATOR (S)**

The name(s) and street address(es) if the incorporator(s) to these Articles of Incorporation is (are):

GUIRLANDE MARDY, PRESIDENT  
153 CATANIA WAY  
ROYAL PALM BEACH, FL 33411

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 21<sup>ST</sup> DAY OF JANUARY, 2004.

\_\_\_\_\_  
GUIRLANDE MARDY

  
\_\_\_\_\_  
Signature

Articles of Incorporation

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is GUIRLANDE MARDY, PA

2. The name and address of the registered agent and office is:

GUIRLANDE MARDY

(Name)

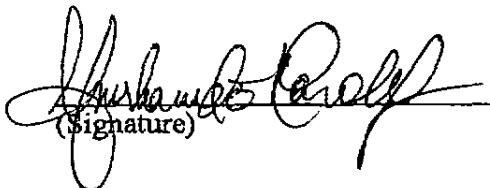
11924 FOREST HILL BLVD SUITE 4

(PO Box not acceptable)

WELLINGTON, FL 33414

(City, State, Zip)

*Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

07/01/04  
(Date)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE,  
FL 32314

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DIVISION OF CORPORATIONS  
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