

P05000019564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

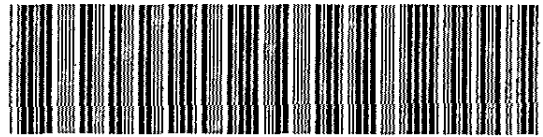
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Elizabeth Romero, P. A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Elizabeth Romero
Name (Printed or typed)

2097 S. Ocean Dr. #307
Address

Hallandale, Fl. 33009
City, State & Zip

786-663-6957
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:

Elizabeth Romero, P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2097 S. Ocean Dr. #307
Hallandale, Fl 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling real estate

ARTICLE IV SHARES

The number of shares of stock is:

500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Elizabeth Romero
2097 S. Ocean Dr. #307
Hallandale, Fl 33009

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elizabeth Romero
2097 S Ocean Dr #307
Hallandale, Fl 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elizabeth Romero
2097 S. Ocean Dr #307
Hallandale, Fl 33009

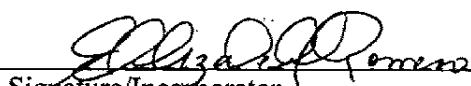
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/28/05

Date



Signature/Incorporator

1/28/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA