

P05000025794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

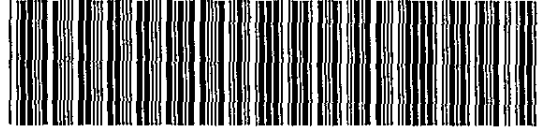
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TALLAHASSEE, FLORIDA

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C.S.2

## TRANSMITTAL LETTER

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

SUBJECT: LIGIA JAMIESON 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: LIGIA JAMIESON

Name (Printed or typed)

1901 NORTH OCEAN BLVD. PHA

Address

FORT LAUDERDALE, FL. 33305

City, State & Zip

954-562-6930

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:

LIGIA JAMIESON P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1901 NORTH OCEAN BLVD. PHA  
FORT LAUDERDALE, FL. 33305

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE AGENT

### 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):

LIGIA JAMIESON PRESIDENT  
1901 NORTH OCEAN BLVD. PHA  
FORT LAUDERDALE FL. 33305

### ARTICLE VI REGISTERED AGENT

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

LIGIA JAMIESON  
1901 NORTH OCEAN BLVD. PHA  
FORT LAUDERDALE, FL. 33305

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LIGIA JAMIESON  
1901 NORTH OCEAN BLVD. PHA  
FORT LAUDERDALE, FL. 33305

\*\*\*\*\*  
*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

Signature/Incorporator

Date

Date

FILED  
05 FEB 10 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA