

POS000030297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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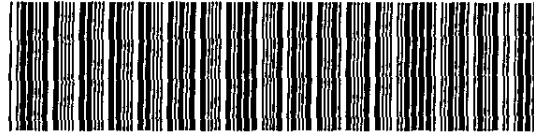
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: RONY ZEITUN 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BERNARD KOPET P.A.
Name (Printed or typed)

20170 PINES BLVD. - SUITE #302
Address

PEMBROKE PINES, FL 33029
City, State & Zip

(954) 441-0403
Daytime Telephone number

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:

RONY ZEITUN P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1066 N.E. 202nd LANE
NORTH MIAMI, FL 33179

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 SHARES @\$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PRESIDENT

RONY ZEITUN
1066 N.E. 202nd LANE
NORTH MIAMI, FL 33179

ARTICLE VI REGISTERED AGENT

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

RONY ZEITUN
1066 N.E. 202nd LANE
NORTH MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BERNARD KOPET P.A.
20170 PINES BLVD. SUITE #302
PEMBROKE PINES, FL 33029

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

2-12-05

Date

2-11-05

Date

CLERK OF STATE
TALLAHASSEE, FLORIDA

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