

P06000009198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

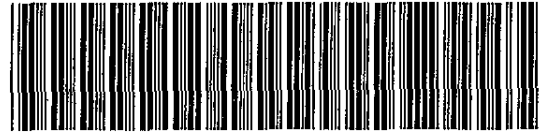
(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: VERONICA GAVRIELOV PA  
(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: VERONICA GAVRIELOV PA  
Name (Printed or typed)

11921 SW 52 ST.  
Address

COOPER CITY, FL 33330  
City, State & Zip

(954) 315-6700  
Daytime Telephone number

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**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:

VERONICA GAVRIELOV PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11921 SW 52 ST.  
COOPER CITY, FL 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

VERONICA GAVRIELOV, PRESIDENT  
11921 SW 52 ST.  
COOPER CITY, FL 33330

**ARTICLE VI REGISTERED AGENT**

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

VERONICA GAVRIELOV  
11921 SW 52 ST.  
COOPER CITY, FL 33330


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

VERONICA GAVRIELOV  
11921 SW 52 ST.  
COOPER CITY, FL 33330

\*\*\*\*\*

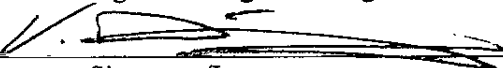
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X 

Signature/Registered Agent

01/11/06

Date

X 

Signature/Incorporator

01/11/06

Date

CLERK OF STATE  
OF FLORIDA

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