# P06000043681

| (Requestor's Name)                      |                    |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Ad                                     | ldress)            |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |
| (Business Entity Name)                  |                    |           |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | Certificates       | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
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Office Use Only



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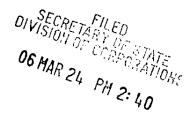
SECRETARY OF STATE OF CONFORATIONS

# TRANSMITTAL LETTER

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

| SUBJECT:                | Visa Clews f                                  | P. A.<br>ATENAME- <u>MUSTINCL</u>                 | UDE SUFFIX)   |
|-------------------------|---|---|---|
| Enclosed is an origin   | al and one(1) copy of the artic               | cles of incorporation and a                       | a check for :   |
| □ \$70.00<br>Filing Fec | ☐ \$78.75 Filing Fee. & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
| FROM:                   | Michael Speck & A                             | ssociates Inc.<br>Tinted of typed)                |   |
|                         | 1912 B Lee Road                               | Address   |   |
|                         | Orlando, FL 3281(                             | )<br>State & Zip                                  |   |
|                         | 407/521-8973<br>Daytime Te                    | clephone number                                   |   |

NOTE: Please provide the original and one copy of the articles.



# ARTICLES OF INCORPORATION

# <u>OF</u>

# LISA CREWS, P.A.

I, the undersigned, being a natural person of legal age do hereby desire to form a corporation under the laws of the State of Florida, and do hereby adopt the following Articles of Incorporation

#### **ARTICLE I**

The name and address of the Corporation shall be:

Lisa Crews, P.A. 1097 Trotwood Boulevard Winter Springs, FL 32708

#### **ARTICLE II**

This Corporation shall have the power to authorize and permit to engage in the practice of real estate sales and services.

# ARTICLE III

The maximum number of shares of stock of this Corporation which the Corporation if authorized to have outstanding at any one time is seventy-five thousand (75,000) share of common capital stock having par value of ten cents (\$.10) per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors of said Corporation.

# **ARTICLE IV**

The street address of the initial registered office of this Corporation and the initial registered agent

of this Corporation at this address is listed below:

Registered Agent

<u>Address</u>

Lisa Crews

1097 Trotwood Boulevard Winter Springs, FL 32708

# ARTICLE V

#### INITIAL BOARD OF DIRECTORS

The business of the Corporation shall be conducted and managed by the Board of Directors consisting of not less than one (1) members, as fixed from time to time by the bylaws of this Corporation and the Board of Directors shall be elected or appointed by the shareholders of the Corporation, but it shall not be necessary for any such director to be a shareholder of the Corporation.

The name and address of the first Board of Directors who shall not hold office until their successors are elected and qualified are:

**NAME** 

**ADDRESS** 

Lisa Crews

1097 Trotwood Boulevard Winter Springs, FL 32708

# ARTICLE VI

# **INCORPORATOR**

The name and address of the persons signing these Articles of Incorporation are:

**NAME** 

**ADDRESS** 

Lisa Crews

1097 Trotwood Boulevard Winter Springs, FL 32708

#### **ARTICLE VII**

#### **INDEMNIFICATION**

Every director, officer, employee, or agent of the Corporation shall be indemnified by the Corporation against all expenses and liabilities including counsel fees, reasonably incurred or by reason

of their being imposed upon him or her, in connection with any proceeding to which he or she may be made party or in which he or she may become involved by reasons of his or her employment or by reason of his or her being or have been a director, officer, employee or agent of the Corporation, or any settlement thereof, whether or not he or she is a director, officer, employee or agent at the time such expenses are incurred, except in such cases wherein the director, officer, employee or agent is adjudged liable negligence or misconduct in the performance of his or her duties as such director, officer, employee or agent.

The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director, officer, employee or agent may be entitled.

#### **ARTICLE VIII**

The Corporation reserves the right to amend, alter, change, repeal and revise any provisions of this Corporation's Articles of Incorporation in the manner now or hereinafter prescribed by the statute and all rights conferred on shareholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this  $15^{19}$  day of  $15^{19}$  day of  $15^{19}$ .

Lier Crews

STATE OF FLORIDA COUNTY OF SEMINOLE

BEFORE ME. The undersigned officer, personally appeared or personally known Lisa Crews
to me, who produced as identification, and
personally appeared and known to me to be the person described in and who executed the foregoing
Articles of Incorporation and he or she acknowledges the me that after reading the same, the matter set
forth therein are true and correct to the best of his or her knowledge and belief.



Notary Public, State of Florida

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE

### FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING

# **UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said act.

First, the <u>Lisa Crews</u>, P.A. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at the <u>Winter Springs</u>, County of <u>Seminole</u>, State of Florida, has named <u>Lisa Crews</u> located at <u>1097 Trotwood Boulevard</u>, <u>Winter Springs</u>, <u>Seminole</u>, State of Florida, as its agent to accept service of process within the State.

ACKNOWLEDGMENT: (Must be signed by designated agent.)

Having been named to accept service of process for the above stated Corporation, at the place designed in this Certificate, I hereby accept to act in this capacity, and agree to comply with provisions of said Act relative to keeping open said office.

Lisa Crews (Registered Agent)