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| (Re                     | equestor's Name)   |              |  |
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| (Cit                    | ty/State/Zip/Phone | • #)         |  |
|                         | WAIT               | MAIL         |  |
| (Bu                     | siness Entity Nan  | ne)          |  |
| (Document Number)       |                    |              |  |
| Certified Copies        |                    | of Status    |  |
| Special Instructions to | Filing Officer:    |              |  |
|                         |                    |              |  |
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Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATIONS

# **COVER LETTER**

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

| SUBJECT:  | KARIN GONGEE, PA                                |                              |                 |  |  |
|---|---|------------------------------|-----------------|--|--|
| 50 <b>b</b> 0201                                | (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) |                              |                 |  |  |
| Enclosed are an orig                            | ginal and one (1) copy of the artic             | cles of incorporation and    | l a check for:  |  |  |
| \$70.00   | \$78.75   | \$78.75                      | <b>\$87.5</b> 0 |  |  |
|   | Filing Fee                                      | Filing Fee                   | Filing Fee,     |  |  |
| Timing Tee                                      | & Certificate of Status                         | & Certified Copy             | _               |  |  |
|   | to continue of states                           | o co.unou cop,               | & Certificate o |  |  |
|   |   |                              | Status          |  |  |
|   |   | ADDITIONAL CO                | PY REQUIRED     |  |  |
|   | KARIN 6   | ON GEE PA                    |                 |  |  |
| FROM: KARIN GONGEE, PA  Name (Printed or typed) |   |                              |                 |  |  |
|   | Name  | (Trinica or typea)           |                 |  |  |
|   | 4480 BAY  | POINT RD.                    |                 |  |  |
|   | 4   | Address                      |                 |  |  |
|   |   | FL 33137                     |                 |  |  |
|   | City,   | State & Zip                  |                 |  |  |
|   |   | 09 - 4323<br>elephone 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:

KARIN GONGEE, PA

SECRETARY OF STATE DIVISION OF CORPORATION: 06 MAY 26 PM 4: 16

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4480 BAY POINT RD, MIANI, FL. 33137

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES TRANSACTIONS

#### 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):

KARIN GONGEE, PRESIDENT 4480 BAY POINT RD. HIAMI, FL. 33137

# ARTICLE VI REGISTERED AGENT

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

KARIN GONGEE 4480 BAY POINT RD. MIAMI, FL. 33137

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KARIN GONGEE 4480 BAY POINT RD. HIAHI, FL. 33137

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

Signature/Registered Agent

Date

123/06

Signature/incorporator

Date