

PO6000123395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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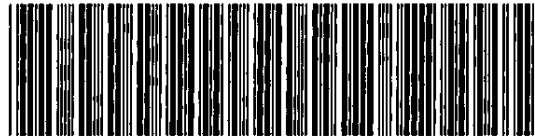
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 SEP 25 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
9/26

1106-40921

COVER LETTER

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

SUBJECT: _____

PERFECT PROPERTIES OF FLORIDA, INC.

(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: _____

SHARON PLOVER

Name (Printed or typed)

2520 SW 20TH AVENUE

Address

CAPE CORAL, FL 33914

City, State & Zip

239-4164-4433

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2006

SHARON PLOVER
2520 SW 20TH AVENUE
CAPE CORAL, FL 33914

SUBJECT: PERFECT PROPERTIES OF FLORIDA, INC.
Ref. Number: W06000040921

We have received your document for PERFECT PROPERTIES OF FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 506A00055822

RECEIVED
06 SEP 25 AM 8:00
DIVISION OF CORPORATIONS

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: AMERICA
PERFECT PROPERTIES OF FLORIDA, INC.

FILED

06 SEP 25 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
2520 SW 20TH AVENUE, CAPE CORAL, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON PLOVER, 2520 SW 20TH AVE., CAPE CORAL, FL 33914
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

SHARON PLOVER, 2520 SW 20TH AVE., CAPE CORAL, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON PLOVER, 2520 SW 20TH AVE., CAPE CORAL, FL 33914

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

Sharon Plover

Signature/Registered Agent

Sharon Plover

Signature/Incorporator

9-15-06

Date

9-15-06

Date