P09000067445

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
<u> </u>			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

W09000034576



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07/28/09--01015--002 **70.00



1ch 8-11-09

COVER LETTER

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

SUBJECT:				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY REQUIRED	
FROM:	Jairo G. Laverde			
	Name	e (Printed or typed)		
	10001 Tamlami Trail N. STE #118			
		Address		
	Naples, FL 34108			
	City, State & Zip			
	239-273-5287			
		elephone number		
	realestate@giovannilaverde.com			
	E-mail address: (to be used for future annual report notification)			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2009

JAIRO G. LAVERDE 10001 TAMIAMI TRAIL N. STE #118 NAPLES, FL 34108

SUBJECT: GIOVANNI LAVERDE PA

Ref. Number: W09000034576

We have received your document for GIOVANNI LAVERDE PA 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney OPS Clerk

Letter Number: 509A00026113

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Giovanni Laverde PA	
FEIN# 90-0504469	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 10001 Tamiami, Trail N. StE #118, Naples, Fz. 34108	99 AUG 1
ARTICLE III PURPOSE The purpose for which the corporation is organized is: realestate sales	ILED NIZ 53
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
President, Jairo G. Laverde, 10001 Tamiami Trail Naples, FZ. 34108	N. Ste#118
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is	3:
Jairo G. Laverde 10001 Tamiami Trail N. Ste #118 Naples FZ 34103	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Salvo G. Lowerds 10001 Tamia mi Trail N. Ste #118 Nates, Fr 34108	
Having been named as registered agent to accept service of process for the above stated place designated in this certificate, I am familiar with and accept the appointment as a gree to act in this capacity	

Signature/Registered Agent

Gianature/Incorporator

7-27-09 Date 7-27-09