

P09000067445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

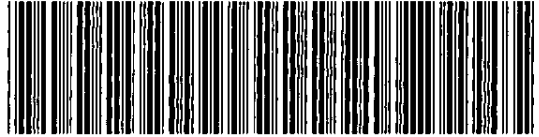
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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

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09 AUG 10 PM 12:53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

W09000034576

NR
8-11-09

COVER LETTER

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

SUBJECT: Giovanni Laverde 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: Jairo G. Laverde
Name (Printed or typed)

10001 Tamiami Trail N. STE #118
Address

Naples, FL 34108
City, State & Zip

239-273-5287
Daytime Telephone 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

RECEIVED

09 AUG 10 PM 1:19

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: Giovanni Laverde PA

FEIN # 90-0504459

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

10001 Tamiami Trail N. Ste #118, Naples, FL 34108

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:

1000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President, Jairo G. Laverde, 10001 Tamiami Trail N. Ste #118
Naples, FL 34108

ARTICLE VI REGISTERED AGENT

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

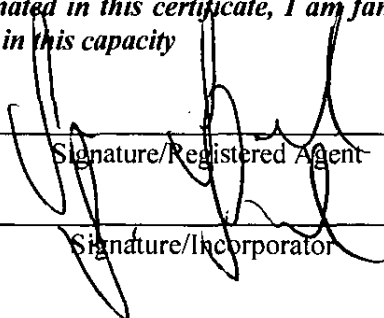
Jairo G. Laverde
10001 Tamiami Trail N. Ste #118
Naples FL 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jairo G. Laverde
10001 Tamiami Trail N. Ste #118
Naples, FL 34108

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



Signature/Registered Agent

Signature/Incorporator

7-22-09
Date
7-22-09
Date

FILED
09 AUG 10 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA