

P10000089874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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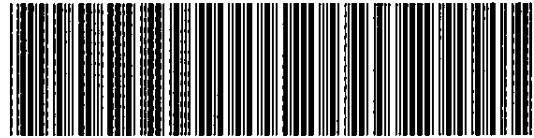
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV - 1 AM 9:13

APPROVED  
AND  
FILED

1/1

## COVER LETTER

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

SUBJECT: Maritza Galoppi P.A.

(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: Maritza Galoppi

Name (Printed or typed)

9741 nw 31 st Doral Fl 33172

Address

Doral Fl 33172

City, State & Zip

786-246-9600

Daytime Telephone number

mgaloppi@att.net

E-mail address: (to be used for future annual report notification)

**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**

Maritza Galoppi P.A.  
The name of the corporation shall be:

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9741 Nw 31 st Doral Fl 33172  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Sale Real Estate

## **ARTICLE IV SHARES**

The number of shares of stock is: 1000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maritza Galoppi President  
Address: 9741 Nw 31 st  
Doral Fl 33172  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## **ARTICLE VI REGISTERED AGENT**

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

Name: Maritza Galoppi  
Address: 9741 nw 31 st  
Doral Fl 33172

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maritza Galoppi  
Address: 9741 nw 31 st  
Doral Fl 33172

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

Maritza Galoppi  
Required Signature/Registered Agent

10-26-10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maritza Galoppi  
Required Signature/Incorporator

10-26-10  
Date