## P11000033151

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





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SECRETARY OF STATE

K 04/05/11

## **COVER LETTER**

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

SUBJECT: LINDA O'MALLEY REALTOR, P.A.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA)	TE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an or	iginal and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00	\$78.75 Filing Fee	\$78.75		
Filing Fee		Filing Fee,		
	& Certificate of Status	& Certified Copy Certified Cop		
		& Certificate Status	or	
		ADDITIONAL COPY REQUIRED	)	
FROM:	LILIDA O MA	LEY		
	Name	(Printed or typed)		
10941 HW 18 Ct				
Address				
PIANTATION FL 33322 City, State & Zip				
	City,	State & Zip		
Daytime Telephone number				
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 The name of the corporation shall be: Linda O'Maller	, Realtor, P.A.	
Principal office  Principal street address  10941 Hw 18 <sup>+1</sup> C+.  Plantation FL  33322	Mailing address, if different is:	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Starting own business	in LEALESTAT	t market
The number of shares of stock is: 20		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Address:	Name and Title:Address:	
Name and Title:Address:	Address:	
Name and Title:Address:		
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of Name:  Address:  Address:  Inda O'lolley  Planto from Fl 3332  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is;  Name:  Address:  Address:  Name:  Address:  Address:  Inda O'lolley  Address:  Name:  Address:  Name:  Address:		11 APR -4 PM 2: 4 I SECRETARY OF STATE ABLAHASSEE, FLORIDA
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as region Required Signature/Registered Agent	for the above stated corporations: istered agent and ugree to act in	
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	true. I am aware that the false v as provided for in s.817.155, F	e information submitted in a S.S.