

P11000075032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

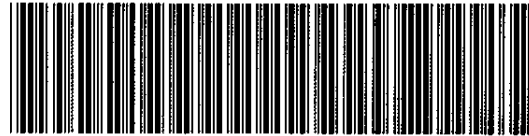
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
8/23

COVER LETTER

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

SUBJECT: 6809 Orlando, 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: Jasar Jasarowski

Name (Printed or typed)

10236 Facet Ct.

Address

Orlando, FL 32836

City, State & Zip

407-628-2061

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.

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August 13, 2011

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Dept. of State
New Filing Section
Division of Corporations
POB 6327
Tallahassee, FL 32314

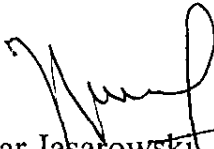
Reference: Re-use of same Corporate name, 6809 Orlando, Inc.

Dear Sir or Madam:

I allow this new corporation to use the same name, 6809 Orlando, Inc.

Thank you for your understanding in this matter.

Respectfully,

X 
Jasar Jasarowski

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: 6809 Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10236 Facet Ct.
Orlando, FL 32836

Mailing address, if different is:

10236 Facet Ct.
Orlando, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Commercial property rental and any other lawful business activity

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jasar Jasarowski, President

Address: 10236 Facet Ct.

Orlando, FL 32836

Name and Title: _____

Address: _____

Name and Title: Mizeen Jasarowska, Vice Pres.

Address: 10236 Facet Ct.

Orlando, FL 32836

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jasar Jasarowski

Address: 10236 Facet Ct.

Orlando, FL 32836

ARTICLE VII INCORPORATOR

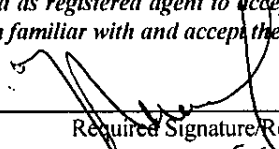
The name and address of the Incorporator is:

Name: Jasar Jasarowski

Address: 10236 Facet Ct.

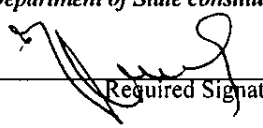
Orlando, FL 32836

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

X 
Required Signature/Registered Agent

8/13/2011
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.

X 
Required Signature/Incorporator

8/13/2011
Date