711000091034

(F	Requestor's Name)
(<i>f</i>	Address)	
• •		
. (/	Address)	*****
(0	City/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Na	me)
(C	Document Number)
Certified Copies	Certificate	s of Status
Special Instructions t	o Filing Officer:	
	<u> </u>	

Office Use Only



400213091394

10/17/11--01038--005 **78.75

2011 OCT 17 AMIN: 14 SECRETARY OF STATE TALLAHASSEE, FINDRIA

J. SUMBLE OCT 18 SOLL

COVER LETTER

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

SUBJECT: EVELYN P. ZAMORA,	P.A.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	les of incorporation and	d a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	OPY REQUIRED	
FROM: EVELYN P. ZAMORA Name	(Printed or typed)		
4726 SW 186 WAY	ddress	SEC SEC	
MIRAMAR. FL 33029-62		SECRETARY OF ALLAHASSEE, F	
954-608-5233 Daytime Te	elephone number	MIII: 14	0
evelynzamora@keyes.cc E-mail address: (to be used	m for future annual report		

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 The name of the cor	NAME EVELYN P. ZAMOR poration shall be:	A, P.A.				
ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:			
	726 SW 186 WAY IRAMAR, FL 33029-6220	- - -		<u> </u>		
ARTICLE III						
The purpose for wh REAL ESTAT	ich the corporation is organized is: E AGENT			,		
ARTICLE IV The number of share						
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS				
Name and Tit Address:	le: <u>EVELYN P. ZAMORA, PRESID</u> 4726 SW 186 WAY	ENT Name a				
rian ess.	MIRAMAR, FL 33029-6220					
Name and Tit Address:	le:	Addres	s:			
Name and Tit Address:	le:	Name a	and Title:			
ARTICLE VI	REGISTERED AGENT			7 ₁₀ 2		
The name and Flor	ida street address (P.O. Box NOT acceptab		ered agent is:			
Name: Address:	EVELYN P. ZAMORA 4726 SW 186 WAY MIRAMAR, FL 33029-6220			OCT 17 RETAR) AHASSI		
ARTICLE VII	INCORPORATOR			m _C		
The name and addi	ress of the Incorporator is:				arcents.	
Name: Address:	EVELYN P. ZAMORA 4726 SW 186 WAY MIRAMAR, FL 33029-6220			DRIBA	Margaret	
Having been named this certificate, I am	d as registered agent to accept service of pr familiar with a will accept the appointment a	ocess for the a s registered ag	above stated corpo ent and agree to a	ration at the place design ct in this capacity	ated in	
	Turis			10/7/2011		
	Required Signature/Registered Agent			Date		
I submit this docun document to the De	nent and affirm that the facts stated herein partment of State constitutes a third degree f	i are true. I ai felony as provid	m aware that the ded for in s.817.15	false information submitte 5, F.S.	ed in a	
	X Deput			10/7/2011		
	Required Signature/Incorporator			Date		