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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

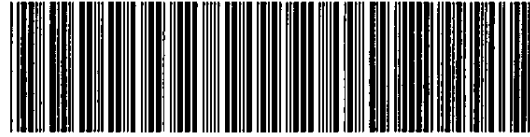
(Business Entity Name)

(Document Number)

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2011 OCT 17 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 18 2011

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 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: EVELYN P. ZAMORA
Name (Printed or typed)

4726 SW 186 WAY
Address

MIRAMAR, FL 33029-6220
City, State & Zip

954-608-5233
Daytime Telephone number

evelynzamora@keyes.com
E-mail address: (to be used for future annual report notification)

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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 EVELYN P. ZAMORA, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4726 SW 186 WAY
MIRAMAR, FL 33029-6220

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
REAL ESTATE AGENT

ARTICLE IV SHARES
The number of shares of stock is:100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EVELYN P. ZAMORA, PRESIDENT Name and Title:
Address: 4726 SW 186 WAY Address:
MIRAMAR, FL 33029-6220
Name and Title: Name and Title:
Address: Address:
Name and Title: Name and Title:
Address: Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: EVELYN P. ZAMORA
Address: 4726 SW 186 WAY
MIRAMAR, FL 33029-6220

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: EVELYN P. ZAMORA
Address: 4726 SW 186 WAY
MIRAMAR, FL 33029-6220

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TALLAHASSEE, FLORIDA

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

[Handwritten Signature]

Required Signature/Registered Agent

10/7/2011
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.

[Handwritten Signature]

Required Signature/Incorporator

10/7/2011
Date