

P12000019708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

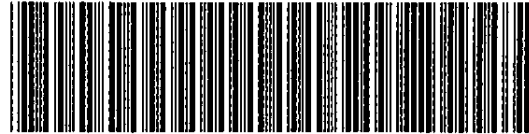
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12 FEB 27 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L Burch FEB 28 2012

## COVER LETTER

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

SUBJECT: Olena Slipets, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Olena Slipets, P.A.

Name (Printed or typed)

4220 New Broad Street #301

Address

Orlando, Florida 32814

City, State & Zip

(407) 844-0241

Daytime Telephone number

lena@mycentralfloridarealty.com

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: Olena Slipets, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4220 New Broad Street #301  
Orlando, Florida 32814

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
a start-up business (real estate).

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Olena Slipets, President  
Address: 4220 New Broad Street #301  
Orlando, Florida 32814

Name and Title: Olena Slipets, Vice-President  
Address: 4220 New Broad Street #301  
Orlando, Florida 32814

Name and Title: Olena Slipets, Secretary  
Address: 4220 New Broad Street #301  
Orlando, Florida 32814

Name and Title: Olena Slipets, Treasurer  
Address: 4220 New Broad Street #301  
Orlando, Florida 32814

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:

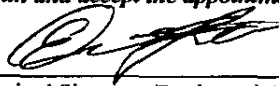
Name: Olena Slipets  
Address: 4220 New Broad Street #301  
Orlando, Florida 32814

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Olena Slipets  
Address: 4220 New Broad Street #301  
Orlando, Florida 32814


*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

2/22/2012

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

2/22/2012

\_\_\_\_\_  
Date

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