P/2000/19832

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/: None #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
FALLAHASSEE, FLORID

X 02/28/12

COVER LETTER

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

SUBJECT: Patricia Gulat	TENAME - MUST INCLUDE SUFFIX)
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the article.	
Enclosed are all original and one (1) copy of the artic	cles of incorporation and a check for.
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Patricia Gula	
3515 NE 30	Address
Lighthouse Fort	FL 3366 9 State & Zip
9.54 - 817 - Daytime To	•
E-mail aldress: (to be used	GO COM I 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	$C \cap C \cap P$	A .
The name of the corporation shall be:	icia Gulati, Pol	
ARTICLE II PRINCIPAL OFFICE		
Principal street address	Mailing	address, if different is:
3515 NE 30th Lighthause Pain		,
N 33064	<u>+ , FL</u>	•
		•
ARTICLE III PURPOSE The purpose for which the corporation is organize	dis: Real Estate S	ales
The purpose for which the corporation is organize	"" Real Estate s	0.167
		No.
	·	
	- 1	that this Corporation is at any time is stock, having parvalue, one dollar (\$100)
	violen number of shares	that This Corporation &
The number of shares of stock is:	I to have outstanding o	at any time is
The number of shares of stock is:	red sharer (100) of common.	stock, having parvalue
ARTICLE V INITIAL OFFICERS AND/	OR DIRECTORS	one dollar (\$100)
Name and Title: Patricia Gula	Name and Title:	
Address: 3515 NE 30	Address:	
33064		
Na Tist	None and Tide	
Name and Title:Address:	Name and Title:	
Addicas.	Address.	
Name and Title:	Name and Title:	
Address:	Address:	, , , ,
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI REGISTERED AGENT		7 SE 12
The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:	SA T
	ulati 3011 Avenue	
	Bin FL 33064	SS 27
y	, 12 23 00 /	or or
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is: Name:	Gulati	. <u>[</u> [] . ([]
Address: 35/5 NE	30th Avenue	25 OS
Lighthouse Po	int , FL 33064	. 7
Having been named as registered agent to accept.	service of process for the above stated cor	poration at the place designated in
this certificate, I am familiar with and accept the ap		
VA		
1/0		2/22/12
Required Signature/Regi	stered Agent	Date
I submit this document and affirm that the facts	stated herein are true. I am aware that th	e false information submitted in a
document to the Department of State constitutes a t		
V1/_		0/00/0
1/60		2/22/12
Required Signature/In	corporator	• Date