

P200005005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

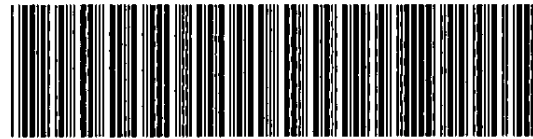
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 30 AM 11:10

WT2-25757  
5-5-12



RECEIVED  
12 MAY 30 AM 11:40

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2012

CHRISTINE AXEL  
627 SW 6TH AVE  
FORT LAUDERDALE, FL 33315

SUBJECT: CHRISTINE AXEL P.A.  
Ref. Number: W12000025151

We have received your document for CHRISTINE AXEL P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 112A00013637

## COVER LETTER

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

**SUBJECT: Christine Axel 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: Christine Axel

Name (Printed or typed)

627 SW 6th Ave

Address

Fort Lauderdale, FL 33315

City, State & Zip

828-335-0924

Daytime Telephone number

christineaxel@gmail.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**

Christine Axel P.A.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

627 SW 6th Ave  
Fort Lauderdale, FL 33315

Mailing address, if different is:

PO Box 22537  
Ft Lauderdale, FL 33335-2537

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real Estate

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Christine Axel  
Address: 627 SW 6th Ave  
Fort Lauderdale, FL 33315

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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:

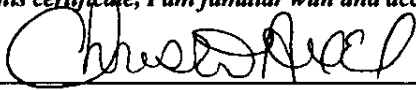
Name: Christine Axel  
Address: 627 SW 6th Ave  
Ft Lauderdale, FL 33315

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christine Axel  
Address: 627 SW 6th Ave  
Ft Lauderdale, FL 33315

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

5-2-2012

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

5-2-2012

Date

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12 MAY 30 AM 11:10