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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MRS
6/26/12

COVER LETTER

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

SUBJECT: DONNA ZALTER 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 Filing Fee

FROM: Donna Zalter

Name (Printed or typed)

472 Sunset Drive

Address

Hallandale, FL 33009

City, State & Zip

(954) 483-4212

Daytime Telephone number

donnazalter@hotmail.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: Donna Zalter P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
472 Sunset Drive
Hallandale, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to buy, sell, manage and do any other service related to real estate.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Zalter
Address: 472 Sunset Drive
Hallandale, FL 33009

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: Donna Zalter
Address: 472 Sunset Drive
Hallandale, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Donna Zalter
Address: 472 Sunset Drive
Hallandale, FL 33009

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

6/20/12
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

6/20/12
Date

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TALLAHASSEE, FLORIDA