P1200102358

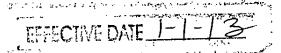
(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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F DEC 17 AH 9: DI

Ps 12/18/1-

FROM: DIANA ZAANDAM

TO: DEPARTEMENT OF STATE

DIVISION OF CORPORATIONS

RE.: DIANA ZAANDAM P.A

DOCUMENT NR. P06000050846

EIN 20-4691572

WITH THIS LETTER I NOTIFY THE DEPARTMENT THAT I AM THE OWNER OF THE DISSOLVED CORPORATION DIANA ZAANDAM P.A.

I DO NOT WISH TO REINSTATE THIS CORPORATION.

KIND REGARDS,

DIANA ZAANDAM

Dandam 12-11=12 340 catalonia Avo coral gables 71. 33134

COVER LETTER

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

SUBJECT: DIA	na zaandam f	P. A.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: D	IANA ZAANDAN	(Printed or typed)	
34	40 CATALONIA		
C	ORAL GABLES,	FLORIDA 33	134
30	05-303-4381	Telephone number	
DI	ANAZAANDAM@		I.NET

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

FILED

ARTICLE I		SECRETARY OF STATE
The name of the co	NAME orporation shall be: DIANA ZAAND	AMPA
		₩ DEC 17 AM 9: 01
RTICLE II	PRINCIPAL OFFICE Principal street address 340 CATALONIA AVE	Mailing address, if different is:
_	CORAL GABLES, FLORIDA 33134	
<u>-</u> -		
RTICLE III	PURPOSE	
he purpose for w	rhich the corporation is organized is: TO EN	IGAGE AS A REAL ESTATE BROKER
IRTICLE IV he number of sha	<u>SHARES</u> res of stock is: 1,000 @ \$1.00	TERSOINE DATE 1-1-1
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS
Name and T	itle: DIANA ZAANDAM DIRECTOR	Name and Title:
Address:	340 CATALONIA AVE	Address:
CORAL	CORAL GABLES, FLORIDA 33134	
		Name and Title:
Address:		Address:
Name and T	itle:	Name and Title:
Address:		
RTICLE VI	REGISTERED AGENT	
he name and Flo	orida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	DIANA ZAANDAM	
Address:	340 CATALONIA AVENUE	
	CORAL GABLES, FLORIDA 33134	
ARTICLE VII	INCORPORATOR	
he <u>name and ad</u>	dress of the Incorporator is:	
Name:	DIANA ZAANDAM	
Address:	340 CATALONIA AVENUE	
radicss.		
ARticle V	CORAL GABLES, FLORIDA 33134 WEFFECTIVE DATE	- 01-01-2013

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Registered Agent

Required Signature/Incorporator

12 - 11 - 12 Date