

ps 12/18/12

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

340 catalonia Ave
Coral Gables Fl. 33134

 12-11-12

COVER LETTER

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

SUBJECT: DIANA ZAANDAM 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: DIANA ZAANDAM
Name (Printed or typed)

340 CATALONIA AVENUE
Address

CORAL GABLES, FLORIDA 33134
City, State & Zip

305-303-4381
Daytime Telephone number

DIANAZAANDAM@BELLSOUTH.NET
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **DIANA ZAANDAM P.A.**

DEC 17 AM 9:01

ARTICLE II PRINCIPAL OFFICE

Principal street address
340 CATALONIA AVE
CORAL GABLES, FLORIDA 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO ENGAGE AS A REAL ESTATE BROKER**

ARTICLE IV SHARES

The number of shares of stock is: **1,000 @ \$1.00**

EFFECTIVE DATE **1-1-13**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DIANA ZAANDAM DIRECTOR</u>	Name and Title: _____
Address: <u>340 CATALONIA AVE</u>	Address: _____
<u>CORAL GABLES, FLORIDA 33134</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DIANA ZAANDAM
Address: 340 CATALONIA AVENUE
CORAL GABLES, FLORIDA 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIANA ZAANDAM
Address: 340 CATALONIA AVENUE
CORAL GABLES, FLORIDA 33134

Article VIII EFFECTIVE DATE 01-01-2013

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

Diana Zaandam 12-11-12
Required Signature/Registered Agent 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.

Diana Zaandam 12-11-12
Required Signature/Incorporator Date