

P/2000103699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

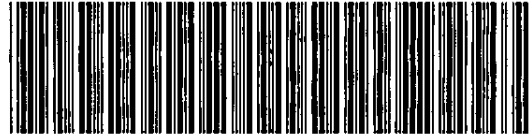
(Business Entity Name)

(Document Number)

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

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642-61319

FILED  
12 DEC 26 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 27 2012

## COVER LETTER

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

SUBJECT: Lisete Cordova 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: Lisete Cordova

Name (Printed or typed)

PO Box 500190

Address

Marathon, FL 33050

City, State & Zip

305-304-6141

Daytime Telephone number

lisicordova@me.com

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

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



12 DEC 26 PM 4:30

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2012

LISSETE CORDOVA  
PO BOX 500190  
MARATHON, FL 33050

SUBJECT: LISSETE CORDOVA P.A.  
Ref. Number: W12000061319

We have received your document for LISSETE CORDOVA P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type the name of the corporation in article I.

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.

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00029262

**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: Lisette Cordova, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6200 Overseas Hwy. #8  
Marathon, FL 33050

Mailing address, if different is:  
PO Box 500190  
Marathon, FL 33050

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Realtor

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lisette Cordova, President  
Address: PO Box 500190  
Marathon, FL 33050

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: Lisette Cordova  
Address: 6200 Overseas Hwy #8  
Marathon, FL 33050

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lisette Cordova  
Address: PO BOX 500190  
Marathon, FL 33050

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

Lisette Cordova  
Required Signature/Registered Agent

8-2-12  
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.

Lisette Cordova  
Required Signature/Incorporator

8-2-12  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA