

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCPA@TAMPABAY.RR.LIN

FLORIDA PROFIT/NON PROFIT CORPORATION
ANNA LISA GANTZ, PA

Certificate of Status	0
Certified Copy	1
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No. 6212 P. 2

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: ANNA LISA GANTZ, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

3980 64TH ST N SUIT 8
ST PETERSBURG, FL 33709

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE A LICENSED REAL
ESTATE AGENCY BUSINESS AND ANY OTHER LEGAL BUSINESS IN
THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANNA LISA GANTZ, PRESIDENT

Address: 3980 64TH ST N UNIT 8
ST PETERSBURG, FL 33709

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(cont.)

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: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

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TALLAHASSEE, FL 32399

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

01/25/2013
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

01/25/2013
Date

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