P13000013595

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet 587990

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000028884 3)))

H13000028884 3ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
13 FEB -8 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
lisa lewis, p.a.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

02/11/13

RECEIVED
13 FEB -8 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

February 7, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: LISA LEWIS, P.A.
REF: W13000007575

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000026884
Letter Number: 413A00003044

P.O BOX 6327 - Tallahassee, Florida 32314

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: LISA LEWIS, P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 4814 Sawgrass Breeze Drive, Palm Beach Gardens, FL 33418
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Real Estate Agent

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Lisa Lewis - President
Address: 4814 Sawgrass Breeze Drive, Palm Beach Gardens, FL 33418
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: Lisa Lewis
Address: 4814 Sawgrass Breeze Drive, Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: Lisa Lewis
Address: 4814 Sawgrass Breeze Drive, Palm Beach Gardens, FL 33418

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

Lisa M. Lewis — Required Signature/Registered Agent — 2/4/13 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.

Lisa M. Lewis — Required Signature/Incorporator — 2/4/13 Date

FILED
13 FEB -8 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA