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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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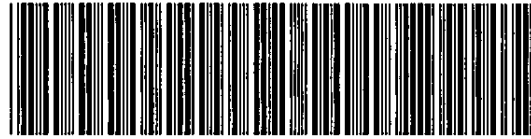
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 MAR 21 PM 3:33

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COVER LETTER

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

SUBJECT: Michel Schiess, 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: Michel Schiess

Name (Printed or typed)

1650 E Classical Blvd

Address

Delray Beach, FL 33445

City, State & Zip

561- 716-7233

Daytime Telephone number

schieismichael@yahoo.com

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)

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ARTICLE I NAME

The name of the corporation shall be:

Michel Schiess, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

**1650 E Classical Blvd
Delray Beach, FL 33445**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide real estate brokerage services as independent

contractor, under the supervision of a licensed real estate brokerage business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Michel Schiess, P**

Name and Title: _____

Address **1650 E Classical Blvd**

Address: _____

Delray Beach, FL 33445

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 21 PM 3:33

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: Michel Schiess
Address: 1650 E Classical Blvd
Delray Beach, FL 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michel Schiess
Address: 1650 e Classical Blvd
Delray Beach, FL 33445

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
Date 3/18/13

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
Date 3/18/13