

PI3DDDD037278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

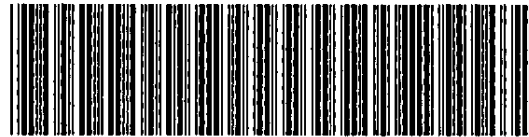
(Business Entity Name)

(Document Number)

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

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13 APR 25 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 25 2013  
A. DUNLAP

## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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: CONSTANTINUS MELISSARGO  
Name (Printed or typed)

14819 N DALE MABRY  
Address

TAMPA FL 33618  
City, State & Zip

813 598 1063  
Daytime Telephone number

CBMW M3 @ AOL.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)

**ARTICLE I NAME**

The name of the corporation shall be: 2023 ELEVENTH STREET REAL ESTATE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14819 N. DALE MABRY  
TAMPA FL 33618

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Holdings Co.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: C. MEISSOURGOS, President Name and Title: \_\_\_\_\_

Address: 14819 N. DALE MABRY Address: \_\_\_\_\_

TAMPA FL 33618

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(conti.)

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: C. MELISSUR GUS

Address: 14819 N. DALE MABRY  
TAMPA FL 33618

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: C. MELISSUR GUS

Address: 14819 N. DALE MABRY  
TAMPA FL 33618

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*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

4/22/2013  
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

4/22/2013  
Date