

P13000044547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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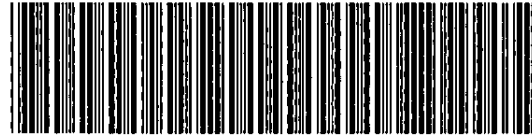
(Business Entity Name)

(Document Number)

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

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FILED  
13 MAY 20 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

MAY 21 2013

Push

## COVER LETTER

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

SUBJECT: JULIA C. Sansevere, Inc.  
(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: JULIA C. SANSEVERE  
Name (Printed or typed)

4194 SE Centerboard Ln  
Address

STUART, FL 34997  
City, State & Zip

772-919-1385  
Daytime Telephone number

JULIA@JULIASANSEVERE.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:

Julia C. Sansevere, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4194 SE Centerboard Ln  
Stuart, FL 34997

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

LISTING, HOLDING & SELLING  
RESIDENTIAL REAL ESTATE

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ST. JAMES COUNTY  
TALLAHASSEE

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title:

Julia C. Sansevere

Name and Title:

President

Address

4194 SE Centerboard Ln

Address:

STUART, FL 34997

Name and Title:

RICHARD SANSEVERE

Name and Title:

VP & TREASURER

Address

4194 SE Centerboard Ln

Address:

STUART, FL 34997

Name and Title:

Name and Title:

Address

Address:

(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: JULIA C. Sansevere  
Address: 4194 SE Centerboard LN  
Stuart, FL 34997

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JULIA C. Sansevere  
Address: 4194 SE Centerboard LN  
STUART, FL 34997

*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*

Julia C. Sansevere  
Required Signature/Registered Agent

5/17/2013  
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.*

Julia C. Sansevere  
Required Signature/Incorporator

5/17/2013  
Date

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TALLAHASSEE, FL