

P13000076061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

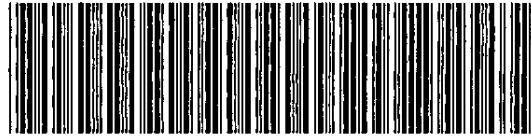
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DIVISION OF CORPORATIONS
13 SEP 13 PM 4:40

9/16
8

COVER LETTER

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

SUBJECT: CHRISTINA ALZONA PA
(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: CHRISTINA S. ALZONA
Name (Printed or typed)
105 LONE PINE LN
Address
PALM BEACH GARDENS FL 33410
City, State & Zip
561-339-1014
Daytime Telephone number
AlzonaC@Comcast.net
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:

CHRISTINA ALZONA PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

105 LONEPINE LN
Palm Beach Gardens
FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate

ARTICLE IV SHARES

The number of shares of stock is:

1500 Shares at \$1.50 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President/Director Christina S. Alzona Name and Title: _____

Address 105 Lone Pine Ln. Address: _____
Palm Beach Gardens
FL 33410

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

STATE OF FLORIDA
DIVISION OF CORPORATIONS
13 SEP 13 PM 4:40

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: Christina S. Alzona
 Address: 105 Lone Pine Lane
Palm Beach Gardens FL 33410.

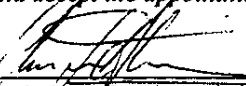
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ARTICLE VII INCORPORATOR

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

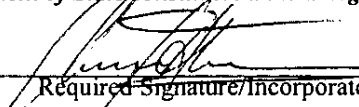
Name: Christina S. Alzona
 Address: 105 Lone Pine Lane
Palm Beach Gardens FL 33410

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

9/2/13
 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.


 Required Signature/Incorporator

9/2/13
 Date