

P130000085434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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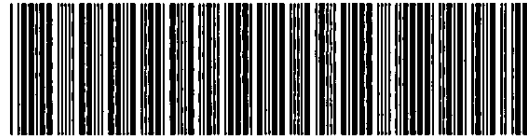
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: LORETTA A. JOHNSTON, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Loretta A. Johnston

Name (Printed or typed)

5362 N.E. 17 Terrace

Address

Fort Lauderdale, Florida 33334

City, State & Zip

954-328-6560

Daytime Telephone number

sold@lorettajohnston.com

E-mail address: (to be used for future annual report notification)

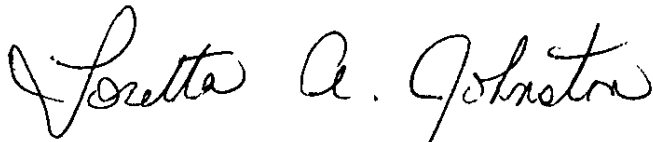
NOTE: Please provide the original and one copy of the articles.

October 15, 2013

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Gentlemen:

I have no intention of revoking the dissolution of Loretta A. Johnston, P.A.,
Document No. P12000030563 thereby releasing the name to be used again.



Loretta A. Johnston
5362 N.E. 17 Terrace
Fort Lauderdale, FL 33334
Phone: 954-328-6560

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TALLAHASSEE FLORIDA

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: Loretta A. Johnston, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5362 N.E. 17 Terrace

SAME

Fort Lauderdale, Florida

33334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: 250 Shares @ \$1.00 PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Loretta A. Johnston

Name and Title: D, P

Address 5362 N.E. 17 Terrace

Address: 5362 N.E. 17 Terrace

Fort Lauderdale, FL

Fort Lauderdale, FL

33334

33334

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:

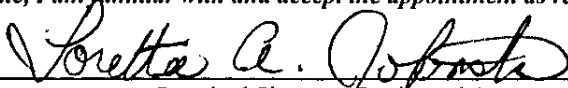
Name: Loretta A. Johnston
Address: 5362 N.E. 17 Terrace
Fort Lauderdale, FL 33334

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Loretta A. Johnston
Address: 5362 N.E. 17 Terrace
Fort Lauderdale, FL 33334

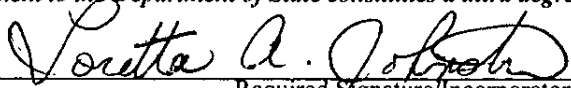
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/15/2013

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

10/15/2013

Date

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