

P13000086325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

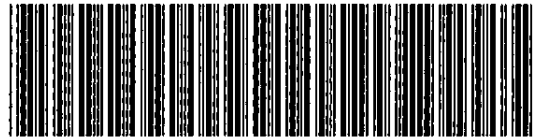
(Business Entity Name)

(Document Number)

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

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13 OCT 21 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
10/22/13

## COVER LETTER

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

SUBJECT: Andreina E. Floreani, 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

*check # 203  
attached.*

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

**ADDITIONAL COPY REQUIRED**

FROM: Andreina E. Floreani

Name (Printed or typed)

11070 Baybreeze Way

Address

Boca Raton, FL 33428

City, State & Zip

561 376-8322

Daytime Telephone number

AEFloreani@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: Andreina E. Floreani, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

11070 Baybreeze Way

Boca Raton, FL 33428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Florida licensed real estate sales associate professional services

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Andreina E. Floreani

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

Address: 11070 Baybreeze Way  
Boca Raton, FL 33428

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

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

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

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

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

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

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

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

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

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Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Andreina E. Floreani

Address:

11070 Baybreeze Way

Boca Raton, FL 33428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Andreina E. Floreani

Address:

11070 Baybreeze Way

Boca Raton, FL 33428

*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*

Andreina E. Floreani  
Required Signature/Registered Agent

10/18/13

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.*

Andreina E. Floreani  
Required Signature/Incorporator

10/18/13

Date