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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
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SECRETARY OF STATE SECRETARY OF CORPOSALION

COVER LETTER

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

SUBJECT: Fra	nz G. Gerwins, F	P.A.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status
FROM: F	ranz G. Gerwins	e (Printed or typed)	·····
9	19 SW 35th ST		
C	ape Coral, FL 33		
	City	, State & Zip	

941-244-7378

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

Daytime Telephone number

gg@ger-net.com

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

ARTICLES OF INCORPORATION

FILED

FILED

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (PROFISION OF CORPORATION)

he name of the corpor	ME ation shall be: Franz G. Gerwins	, P.A. 2013 OCT 23 PM	<u>2: 0</u> 6
	INCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different	is:
Cape Coral, I			
	RPOSE the corporation is organized is: full activities and business	•	
The specific p	ourpose of this company is	Real Estate.	
N-V-			
RTICLE IV SH	ARES 100		
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR		
ARTICLE V INI			
Name and Titl	tial officers and/or director e:Franz G. Gerwins, PVST	Name and Title:	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: Franz G. Gerwins, PVST 919 SW 35th ST Cape Coral, FL 33914	Name and Title:	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: Franz G. Gerwins, PVST 919 SW 35th ST Cape Coral, FL 33914	Name and Title: Address: Name and Title:	
Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR e: Franz G. Gerwins, PVST 919 SW 35th ST Cape Coral, FL 33914	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e. Franz G. Gerwins, PVST 919 SW 35th ST Cape Coral, FL 33914	Name and Title: Address: Name and Title:	

2013 OCT 23 PM 2: 06 Name and Title:_ Name and Title: Address ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Franz G. Gerwins Name: 919 SW 35th ST Address: Cape Coral, FL 33914 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Franz G. Gerwins Name: 919 SW 35th ST Address: Cape Coral, FL 33914 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 October 17, 2013 Required Signature/Registered Agent 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. October 17, 2013 Required Signature/Incorporator Date