

P13000091259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

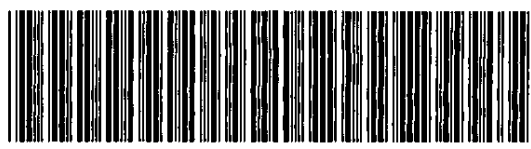
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700253146787

10/28/13--01011--016 \*\*78.75

FILED  
13 NOV - 6 PM 5:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED  
13 NOV - 7 PM 5:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10/29

W13-60089

**COVER LETTER**

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

**SUBJECT:** XAVIER PAULSON 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ROSA E. LEON  
Name (Printed or typed)  
16132 NW 14TH COURT  
Address  
PEMBROKE PINES, FL 3028  
City, State & Zip  
954 436-0936  
Daytime Telephone number  
ICRLEON@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2013

ROSA E. LEON  
16132 NW 14TH CT  
PEMBROKE PINES, FL 33028

SUBJECT: XAVIER PAULSON PA  
Ref. Number: W13000060089

RECEIVED  
13 NOV - 7 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for XAVIER PAULSON PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 813A00025188

# Xavier Paulson PA

October 21, 2013

Florida Department of State  
Division of Corporations

Re: Release of the name


Dear Sir/ M'am,

Hereby I, Xavier Paulson, formally release the name of XAVIER PAULSON PA Doc. No. P12000099399 since this corporation was administratively dissolved and did not commence business and no shares were issued.

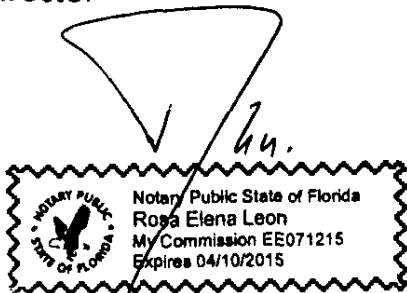
So, I decided to form a new corporation using the same name with new Articles of Corporation including my wife as Vicepresident and Secretary. See enclosed documents and the pertaining Fees.

Hoping your understanding and collaboration in this matter, I remain

Respectfully,



Xavier Paulson  
Director



FILED  
13 NOV -7 PM 5:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

STATE OF FLORIDA  
COUNTY OF BROWARD  
THE FOREGOING INSTRUMENT  
ACKNOWLEDGED BEFORE ME  
THIS 21 DAY OF October, 2013, BY  
Xavier Paulson  
PERSONALLY KNOWN X  
OR PRODUCED IDENTIFICATION X  
TYPE OF IDENTIFICATION PRODUCED ID

**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: XAVIER PAULSON PA

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1261 PRESIDIO DRIVE

WESTON, FL 33327

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: TO CONDUCT BUSINESS IN REAL STATE FIELD.

**ARTICLE IV    SHARES**

The number of shares of stock is: 500 SHARES

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

Name and Title: XAVIER PAULSON - P/T    Name and Title: \_\_\_\_\_

Address: 1261 PRESIDIO DRIVE    Address: \_\_\_\_\_

WESTON, FL. 33327    \_\_\_\_\_

Name and Title: MELINA PAULSON VP/S    Name and Title: \_\_\_\_\_

Address: 1261 PRESIDIO DRIVE    Address: \_\_\_\_\_

WESTON, FL. 33327    \_\_\_\_\_

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

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

**FILED**  
**13 NOV -7 PM 5:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

(cont.)

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: ROSA E. LEON  
 Address: 16132 NW 14TH COURT  
PEMBROKE PINES, FL 33028

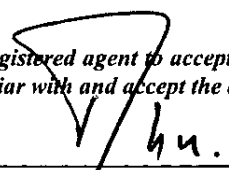
FILED  
 13 NOV -7 PM 5:47  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: XAVIER PAULSON  
 Address: 1261 PRESIDIO DRIVE  
WESTON, FL 33327

*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*

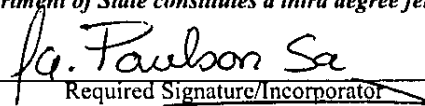


\_\_\_\_\_  
Required Signature/Registered Agent

10/21/2013

\_\_\_\_\_  
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

10/21/2013

\_\_\_\_\_  
Date