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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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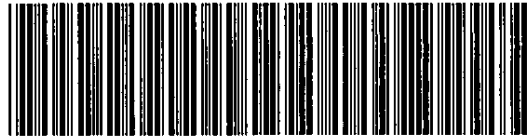
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
11/15/13

**COVER LETTER**

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

**SUBJECT: Monica Poludniak, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input 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: Monica Poludniak**  
Name (Printed or typed).

**1202 Vista Del Mar Drive**  
Address

**Delray Beach, FL 33483**  
City, State & Zip

**561.376.8898**  
Daytime Telephone number

**live breathe@att.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: Monica Poludniak, P. A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1202 Vista Del Mar Drive  
Delray Beach, FL 33483

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide real estate professional services, including as a licensed real estate sales associate under Florida License number SL 3272227, or any other real estate license, certificate or designation that may be held by Monica Poludniak.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Monica Poludniak, President

Address: 1202 Vista Del Mar Drive  
Delray Beach, FL 33483

Name and Title: Monica Poludniak, Secretary

Address: 1202 Vista Del Mar Drive  
Delray Beach, FL 33483

Name and Title: Monica Poludniak, Director

Address: 1202 Vista Del Mar Drive  
Delray Beach, FL 33483

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

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

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

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

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

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

(conti.)

FILED

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

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

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: Monica Poludniak  
Address: 1202 Vista Del Mar Drive  
Delray Beach, FL 33483

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Monica Poludniak  
Address: 1202 Vista Del Mar Drive  
Delray Beach, FL 33483

*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*

*Monica Poludniak*  
Required Signature/Registered Agent

November 11, 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.*

*Monica Poludniak*  
Required Signature/Incorporator

November 11, 2013  
Date