

P1400045967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

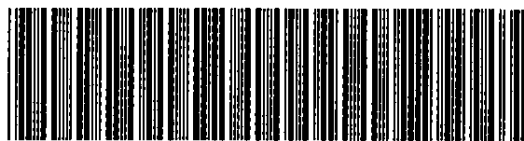
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600260369256

05/23/14--01024--009 **70.00

RECEIVED
DIVISION OF CORPORATIONS
14 MAY 23 AM 11:32

Handwritten signature and date 5/27/14

COVER LETTER

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

SUBJECT: Worgan Commercial Real Estate Corp.
(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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Sandra Worgan

Name (Printed or typed)

2225 A1A S., Suite C-11

Address

St. Augustine, FL 32080

City, State & Zip

904-461-6679

Daytime Telephone number

sanwor2750@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:

Worgan Commercial Real Estate Corp.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 23 AM 11:32

ARTICLE II PRINCIPAL OFFICE

Principal street address

2225 A1A S., Suite C-11

St. Augustine, FL 32080

Mailing address, if different is:

P.O. Box 128

St. Augustine, FL 32085

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide commercial real estate services

including sales and leasing activities.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert M. Worgan, President

Address

2225 A1A S., Suite C-11

St. Augustine, FL 32080

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

(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: Robert M. Worgan

Address: 2225 A1A S., Suite C-11

St. Augustine, FL 32080

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Sandra Worgan

Address: 2225 A1A S., Suite C-11

St. Augustine, FL 32080

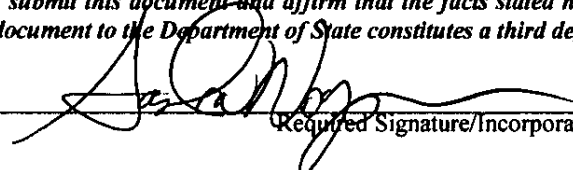
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

May 20, 2014

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

May 20, 2014

Date