

PAU00054682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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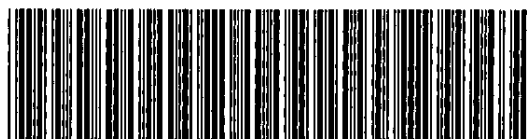
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Sharleene Josep 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

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

ADDITIONAL COPY REQUIRED

FROM: Sharleene Josep
Name (Printed or typed)
8814 W. Flagler Street #209
Address
Miami, FL 33174
City, State & Zip
(786) 759-3394
Daytime Telephone number
thejosepteam@gmail.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: Sharleene Josep P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8814 W. Flagler Street

Apt #209

Miami, FL 33174

Mailing address, if different is:

P.O. Box 22-7803

Doral, FL 33222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide real estate services as a real estate sales associate to the general public. To collect proceeds from such services and report taxes for income made as a result of such services rendered to the general public.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharleene Josep, founder & owner

Address 8814 W. Flagler Street

Apt. 209

Miami, FL 33174

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: Sharleene Josep
Address: 8814 W. Flagler Street Apt.209
Miami, FL 33174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sharleene Josep
Address: 8814 W. Flagler Street Apt.209
Miami, FL 33174

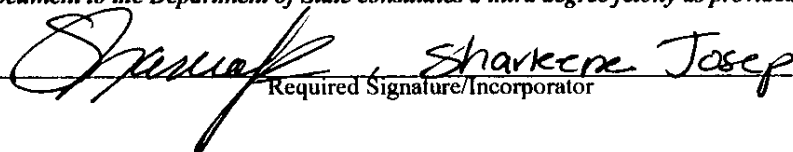
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TALLAHASSEE FLORIDA

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

06/17/14
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

06/17/14
Date