

P14000059839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

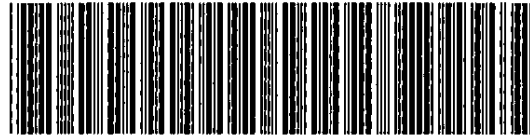
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/14/14--01045--009 \*\*70.00

APPROVED  
AND  
FILED

14 JUL 14 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/11

## COVER LETTER

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

SUBJECT: Mary Kazor, 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: Mary Kazor

Name (Printed or typed)

8884 Cypress Preserve Place

Address

Fort Myers, FL 33912

City, State & Zip

239-233-1675

Daytime Telephone number

mary.kazor@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)

APPROVAL  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Mary Kazor, P.A.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8884 Cypress Preserve Place

Fort Myers, FL 33912

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT, IS  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Commercial Real Estate Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

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

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

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

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

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

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

APPROVED (cont.)  
AND  
FILED

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

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: Mary Kazor  
Address: 8884 Cypress Preserve Place  
Fort Myers, FL 33912

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mary Kazor  
Address: 8884 Cypress Preserve Place  
Fort Myers, FL 33912

*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*

Mary Kazor  
Required Signature/Registered Agent

7/11/14  
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.*

Mary Kazor  
Required Signature/Incorporator

7/11/14  
Date