P1400071134

(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:					
· ·					

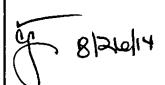




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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: Ant	thony Pullos P.A.	ATE NAME – MUST INCL	THE CHEETY.	
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:	
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	ony Pullos			
		e (Printed or typed)	William Control of the Control of th	
1	96 Palmetto Dun			
		Address		
Naples, Florida 34113 골품				
	City	, State & Zip	AET NO -	
2	39 331-6181		· 经条 7	
	Daytime 1	Celephone number		
to	nvpullos@amail.	.com		

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

The name of the corpor	Anthony Pullos Anthony Pullos	P.A. 14 AUG 25 PH 1: 4:
	UNCIPAL OFFICE	
196 Palmet	Principal <u>street</u> address tto Dunes Circle	Mailing address, it different is F STATE
Naples Flor		
~ ·		
ARTICLE III PU	RPOSE the corporation is organized is: Real E	state Sales and Rentals
	and corporation to organized to.	
		,
ARTICLE IV SH The number of shares o	ARES 1000	
The number of shares o	f stock is:	
	ITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>
Name and Tit	Anthony Pullos	Name and Title:
Address	President	Address:
	196 Palmetto Dunes Circle	
	Naples FL 34113	
Name and Title	Audrey Pullos	Name and Title:
Address	Vice President	A 11
Addiess	196 Palmetto Dunes Circle	Address:
	Naples,FL 34113	
Name and Title	2:	Name and Title:
Address	-70	Address:

Address		_ Address:	
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Thomas Parker	The registered agent is:	
Address:	21340 Lancaster Run #1321	-	
	Estero FL 33928	_	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	ddress of the Incorporator is:		
Name:	Tony Pullos	_	
Address:	196 Palmetto Dunes Cir	_	
	Naples FL 34113	_	
this ce <mark>rtificate, I</mark> a	ned as registered agent to accept service of process on familiar with and accept the appointment as rej		
Thor	nas Parker		8-22-14
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Departm <u>e</u> nt of Stat <u>e co</u> nstitut <mark>y</mark> s a third degree felor		
	Tom Polle	<i>y p</i>	8/22/14
	Required Signature/Incorporator		Date

Name and Title: Name and Title:

14 NUG 25 PH 1: 42
SECRETARY OF STATE
TALL MHASSEE FLORING.