

P140000074623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

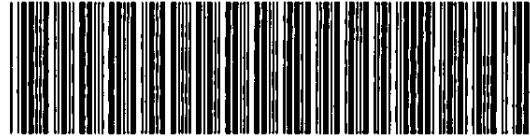
(Document Number)

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SEP 8 2014  
DIVISION OF REVENUE  
SEP - 8 PM 1:36

## COVER LETTER

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

SUBJECT: Lily Sar Shalom, 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: Lily Sar Shalom

Name (Printed or typed)

19900 East Country Club Drive #1218

Address

Aventura, Florida, 33180

City, State & Zip

1-786-554-3122

Daytime Telephone number

sarshalita@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: Lily Sar Shalom, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19900 E. Country Club Dr.

# 1218

Aventura, Florida, 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Professional Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lily Sar Shalom, D, P

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

Address 19900 E. Country Club Dr.

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

#1218

Aventura, FL 33180

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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(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: Lily Sar Shalom  
Address: 19900 E. Country Club Dr. # 1218  
Aventura, FL 33180

**ARTICLE VII INCORPORATOR**

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

Name: Lily Sar Shalom  
Address: 19900 E. Country Club Dr. # 1218  
Aventura, FL 33180

*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 9/3/14  
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 9/3/14  
Date

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RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE