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(Re	equestor's Name)				
(Ac	ldress)				
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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SEGRETARY OF STATE

WA-74106

COVER LETTER

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

STEVEN ROMERO, PA (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 **3** \$78.75 ■ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:	STEVEN ROMERO			
	Name (Printed or typed)			
	c/o 263 COREY AVENUE			
•	Address			
	ST. PETE BEACH FLORIDA 33706			
	City, State & Zip			
	727-710-2374			
•	Daytime Telephone number			
	STEVEROMERO@KW.COM			
-	E-mail address: (to be used for future annual report notification)			

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

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2014

STEVEN ROMERO 263 COREY AVE ST PETE BEACH, FL 33706

SUBJECT: STEVEN ROMERO, PA Ref. Number: W14000074106

We have received your document for STEVEN ROMERO, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 614A00026315

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

	NCIPAL OFFICE Principal street address	Mailing add	ress, if different is:	
11895 Walker Ave		Same		
Seminole, Fl 3	33772			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is: to prov	ide real estate se	rvices	

			·	
ARTICLE IV SHA	RES Stock is:		15 J SEG TALL	
			JAN GRE LAH	
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTOR		JAN -5 GRETARY LAHASSE	
ARTICLE V INIT		Name and Title:	JAN -5 GRETARY LAHASSE	
ARTICLE V INIT	<i>TAL OFFICERS AND/OR DIRECTO</i> Steven Romero, Presiden		JAN -5 GRETARY LAHASSI	
ARTICLE V INIT	Steven Romero, Presiden 11895 Walker Ave	Name and Title:	JAN -5 PH IO: 3 GRETARY OF STAT LAHASSEE FLORE	
Name and Title Address	Steven Romero, Presiden 11895 Walker Ave	Mame and Title: Address:	JAN -5 PM 10: 36 GRETARY OF STATE LAHASSEE FLORIDA	
Name and Title Address Name and Title:	Steven Romero, Presiden 11895 Walker Ave Seminole, Fl 33772	Name and Title: Address: Name and Title:	JAN -5 PM 10: 36 GRETARY OF STATE LAHASSEE FLORIDA	
Name and Title Address Name and Title:	Steven Romero, Presiden 11895 Walker Ave Seminole, FI 33772	Name and Title: Address: Name and Title: Address:	JAN -5 PHIO: 36 ERETARY OF STATE LAHASSEE FLORIDA	
Name and Title Address Name and Title: Address	Steven Romero, Presiden 11895 Walker Ave Seminole, Fl 33772	Name and Title: Address: Name and Title: Address: Address:	JAN -5 PM 10: 36 ERETARY OF STATE LAHASSEE FLORIDA	
Name and Title Address Name and Title: Address	Steven Romero, Presiden 11895 Walker Ave Seminole, FI 33772	Name and Title: Address: Name and Title: Address: Name and Title:	JAN -5 PM 10: 36 ERETARY OF STATE LAHASSEE FLORIDA	

Name a	and Title:	Name and Title:	
Addre		Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable Steven Romero	of the registered agent is:	
Name:	11895 Walker Ave	. <u></u>	
Address:	Seminole, Fl 33772	_ _	
ARTICLE VI	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	Steven Romero		
Address:	11895 Walker Ave		
	Seminole, FI 33772		
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as Required Signature/Registered Agent	registered agent and agree to act in this o	
I submit this do	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fed	re true. I am aware that the false inform ony as provided for in s.817.155, F.S.	
	Required Signature/Incorporator		co Date on
Article VIII	Effective Date		E E E E
Effective date	of January 1, 2015		PHIO: 36