

P-15000004937

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/20/15

## COVER LETTER

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

**SUBJECT:** Sasha Lila Mabel 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Sasha Lila Mabel

Name (Printed or typed)

10511 Gardenwood Rd,

Address

Orlando, FL 32837

City, State & Zip

(321)438-8345

Daytime Telephone number

SashaMabel@gmail.com

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

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

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**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: Sasha Lila Mabed P.A.

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address

10511 Gardenwood Rd,

Orlando, FL 32837

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is: Professional real estate services.

**ARTICLE IV. SHARES**

The number of shares of stock is: 1

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

Name and Title: Sasha Mabed - Officer

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

Address 10511 Garenwood Rd,

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

Orlando, FL 32837

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

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

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

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

(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: Sasha Mabel

Address: 10511 Gardenwood Rd,  
Orlando, FL 32837


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Sasha Mabel

Address: 10511 Gardenwood Rd,  
Orlando, FL 32837

*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*

 1/9/15  
Required Signature/Registered Agent 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.*

 1/9/15  
Required Signature/Incorporator Date

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