

P/5000028964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

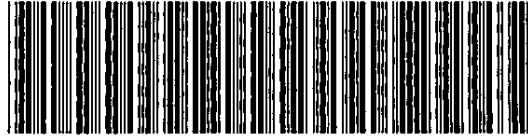
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED "REAL ESTATE
SERVICES" TO ARTICLE
III (PURPOSE) PER TELEPHONE
CONVERSATION WITH
G. ALBERTY 630

Office Use Only



600270504126

03/23/15--01041--018 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 30 PM 4:50

W15-21026

03/30/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2015

GIOVANNI ALBERTY
325 W. 59TH ST.
HIALEAH, FL 33012

SUBJECT: GIOVANNI ALBERTY PA
Ref. Number: W15000021026

We have received your document for GIOVANNI ALBERTY PA and your check(s) totaling \$78.75. 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.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 115A00005994

COVER LETTER

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

SUBJECT: Giovanni Alberty 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
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: Giovanni Alberty

Name (Printed or typed)

325 W 59th St

Address

Hialeah, FL 33012

City, State & Zip

954-873-6256

Daytime Telephone number

giovanni.alberty@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: Giovanni Alberty PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

325 W 59th ST

Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giovanni Alberty President

Name and Title: _____

Address 325 W 59th St

Address: _____

Hialeah, FL 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATION
15 MAR 30 PM 4:50

(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: Giovanni Alberty
Address: 325 W 59th ST
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

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

Name: Giovanni Alberty
Address: 325 W 59th St
Hialeah, FL 33012

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

03/17/15

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

03/17/15

Date

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