

F/5000040175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

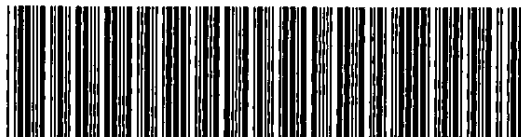
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 4 2015

S. GILBERT

W/5-24102

COVER LETTER

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

SUBJECT: **Heidi Lequerique, 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: **Heidi Lequerique**

Name (Printed or typed)

2527 Ambassador Ave

Address

Cooper City, FL 33026

City, State & Zip

954-817-6089

Daytime Telephone number

heidi.lequerique@gmail.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

April 15, 2015

HEIDI LEQUERIQUE
2527 AMBASSADOR AVENUE
COOPER CITY, FL 33026

SUBJECT: HEIDI LEQUERIQUE, P.A.
Ref. Number: W15000026102

We have received your document for HEIDI LEQUERIQUE, P.A. 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.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 115A00007487

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:

Heidi Lequerique, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2527 Ambassador Ave

Cooper City, FL 33026

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity or business

permitted under the laws of the United States and of the State of Florida.

To act as a licensed real estate agent in the
State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heidi Lequerique, President

Name and Title: _____

Address

2527 Ambassador Ave

Address: _____

Cooper City, FL 33026

Name and Title: _____ Name and Title: _____

Address

Address: _____

Name and Title: _____ Name and Title: _____

Address

Address: _____

(cont)

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: Heidi Lequerique
Address: 2527 Ambassador Ave
Cooper City, FL 33026

ARTICLE VII INCORPORATOR

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

Name: Heidi Lequerique
Address: 2527 Ambassador Ave
Cooper City, FL 33026

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

Heidi Lequerique Heidi Lequerique
Required Signature/Registered Agent

04/07/2015

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.

Heidi Lequerique Heidi Lequerique
Required Signature/Incorporator

04/07/2015

Date