

# P15000068537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

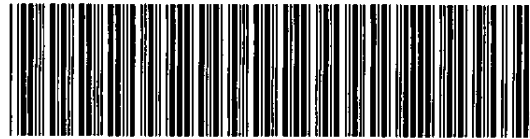
(Business Entity Name)

(Document Number)

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

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W PAINTER

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## COVER LETTER

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

**SUBJECT:** Paola Giraldo, 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:** Paola Giraldo  
\_\_\_\_\_  
Name (Printed or typed)

3909 ne 19th ave  
\_\_\_\_\_  
Address

Cape Coral, FL 33909  
\_\_\_\_\_  
City, State & Zip

2392463591  
\_\_\_\_\_  
Daytime Telephone number

pvgiraldo@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: Paola Giraldo, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3909 ne 19th ave, Cape Coral FL 33909 .

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: Paola Giraldo, President

Name and Title:

Address 3909 ne 19th ave, Cape Coral FL 33909

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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15 AUG 10 PM 6:30  
CLERK OF DISTRICT COURT  
MIAMI ASSOCIATED FIDELITY

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: Paola Giraldo

Address: 3909 ne 19th ave, Cape Coral FL 33909

**ARTICLE VII INCORPORATOR**

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

Name: Paola Giraldo

Address: 3909 ne 19th ave, Cape Coral FL 33909

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15 AUG 10 PM 6:30  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

✓ Paola Giraldo

Required Signature/Registered Agent

8.6.2015

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.*

✓ Paola Giraldo

Required Signature/Incorporator

8.6.2015

Date

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Certified Copy  
& Certificate of  
Status

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Name (Printed or typed)

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Address

Cape Coral, FL 33909

City, State & Zip

2392463591

Daytime Telephone number

pvgiraldo@gmail.com

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 AUG 10 PM 6:30

FILED

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

Address 3909 ne 19th ave, Cape Coral FL 33909

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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15 AUG 10 PM 6:30  
RECEIVED  
CLERK OF SUPERIOR COURT  
JULIA M. STONE, CLERK

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: PA \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

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Address: 3909 ne 19th ave, Cape Coral FL 33909  
\_\_\_\_\_

FILED  
15 AUG 10 PM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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✓ Paola Giraldo \_\_\_\_\_ 8-6-2015  
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.*

✓ Paola Giraldo \_\_\_\_\_ 8-6-2015  
Required Signature/Incorporator Date