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## **COVER LETTER**

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

Mike Vazqueztell, P.A.

	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe	•	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Mike Vazqueztell	ne (Printed or typed)			
	14436 68th Street North	, , ,			
	Address				
	Loxahatchee, Florida 33470				
	City, State & Zip				
	561-644-4374				
	Daytime Telephone number				
	mikevrealestate@gmail.com				
	E-mail address: (to be us	ed 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 corporati	Mike Vazqueztell, P.A.		15 SEP -2 PM 2: 37
ARTICLE II PRINCI		N	SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing address, if different is:
Loxahatchee, Florida 33	470		
ARTICLE III PURPO The purpose for which th	SE e corporation is organized is:	Estate Sales	
	S 100 tock is: LOFFICERS AND/OR DIRECTOR Mike Vazqueztell, President	<u></u> <u></u> Name and Title:	Kathleen Vazqueztell, Vice President
Address	14436 68th Street North	Name and Time.	14436 68th Street North
	Loxahatchee, Florida 33470		Loxahatchee, Florida 33470
Name and Title:		Name and Title:	
Address			
		<del>,</del>	
Name and Title:	· · · · · · · · · · · · · · · · · · ·	Name and Title:	
Address		Address:	
		<u>,                                     </u>	



Name ar	d Title:	Name and Title:	15 SEP -2 PM 2: 37
Address		Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
			PRODUCTION BILLEY SALASTIVE
	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable)	a) af the registered egent is:	
Name:	Mike Vazqueztell	e) of the registered agent is.	
Address:	14436 68th Street North	<del></del>	
	Loxahatchee, Florida 33470		
ARTICI E VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Kathleen Vazqueztell	<u></u> .	
Address:	14436 68th Street North		
	Loxahatchee, Florida 33470		
APTICI E VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	. (OPTION	JAL)
(If an effective of days after the fi	late is listed, the date must be specific and ca	nnot be more than five bu	siness days prior or 90 business
Note: If the date	inserted in this block does not meet the application data and the Department of Control	able statutory filing requiren	nents, this date will not be listed as
the document's e	ffective date on the Department of State's recor	as.	
Having been nat this certificate, I	ned as registered agent to accept service of pro am familiar with and accept the appointment a	cess for the above stated co s registered agent and agree	rporation at the place designated in
•	71/2	<b>0</b>	7/1/2001
	Required Signature Registered Agent		31 Hag 2018 Days
I submit this doc	rument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that t	the false information submitted in a
SH	Holling I Janos All I	eiony us proviueu jor in \$.81	0/2//2018
Requ	ired Signature/Incompragor		Date
	* V		

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