

P 15000077766

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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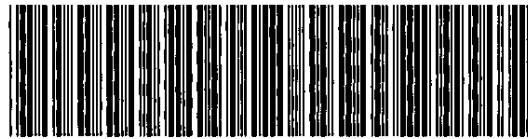
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 14 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/22/15

COVER LETTER

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

SUBJECT: POWELL & JAZMIN REALTOR INC.

(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: CLAIRE A CROSWELL

Name (Printed or typed)

3365 SW 181st Terrace

Address

MIRAMAR, FL. 33029

City, State & Zip

(954)937-6965

Daytime Telephone number

cinije@yahoo.com

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

DEPARTMENT OF STATE
FALLS BOULEVARD, SUITE 100
TALLAHASSEE, FL 32314

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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)

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ARTICLE I NAME POWELL & JAZMIN REALTOR INC.
The name of the corporation shall be: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

3365 SW 181st Terrace
MIRAMAR, FL. 33029.

SAME AS ABOVE.

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Buying real estate fixing and reselling them.

ARTICLE IV SHARES 500 Shares at \$1.00 per share.
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAIRE A CROSWELL - President. Name and Title: _____

Address 3365 SW 181st Terrace Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Charles Inije _____

Address: 20401 NW 2nd Avenue, suite 214 _____

Miami Gardens, FL. 33169. _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Claire A Croswell _____

Address: 3365 SW 181st Terrace _____

Miramar, FL. 33029 _____

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

Required Signature/Registered Agent

09/09/2015

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.

Required Signature/Incorporator

09/09/2015

Date