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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 23 2015  
T. Burch SEP 28 2015

## COVER LETTER

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

**SUBJECT:** Two Sisters Island Realty, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Joan Fitzpatrick  
\_\_\_\_\_  
Name (Printed or typed)

255 Evernia Street, Suite 1217  
\_\_\_\_\_  
Address

West Palm Beach, FL 33401  
\_\_\_\_\_  
City, State & Zip

(561) 254-1637  
\_\_\_\_\_  
Daytime Telephone number

BrokerFitz@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: Two Sisters Island Realty, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

255 Evernia Street, Suite 1217

West Palm Beach, FL 33401

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

A Real Estate Brokerage.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Joan Fitzpatrick, P/VP/TREAS/SEC

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

Address 255 Evernia Street

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

Suite 1217

West Palm Beach, FL 33401

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: Joan Fitzpatrick

Address: 255 Evernia Street, Suite 1217

West Palm Beach, FL 33401

**ARTICLE VII INCORPORATOR**

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

Name: Joan Fitzpatrick

Address: 255 Evernia Street, Suite 1217

West Palm Beach, FL 33401

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/15/2015 (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*

Joan Fitzpatrick  
Required Signature/Registered Agent

9/15/2015  
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.*

Joan Fitzpatrick  
Required Signature/Incorporator

9/15/2015  
Date