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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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RECEIVED
CLERK OF SUPERIOR COURT
JULIA A. GORDON

9/29/15

COVER LETTER

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

Lisa A. Conroy, P.A.

SUBJECT: _____

(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: Lisa Conroy

Name (Printed or typed)

14711 Madison Place

Address

Davie, Florida 33325

City, State & Zip

954-547-2817

Daytime Telephone number

Lbconroy@aol.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

Lisa A. Conroy, P.A.

The name of the corporation shall be: _____

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ARTICLE II PRINCIPAL OFFICE

Principal street address

14711 Madison Place

Davie, Florida 33325

Mailing address, if different is: _____

STATE
FLORIDA

ARTICLE III PURPOSE

To conduct real estate business.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa A. Conroy, Director

Address

14711 Madison Place

Davie, Florida 33325

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

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: Lisa A. Conroy
Address: 14711 Madison Place
Davie, Florida 33325

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Lisa A. Conroy
Address: 14711 Madison Place
Davie, Florida 33325


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.)

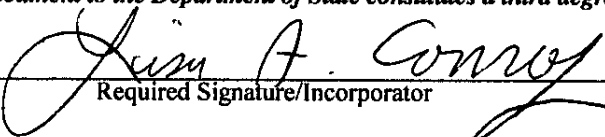
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

09/18/2015
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

09/18/2015
Date