

P15000081054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

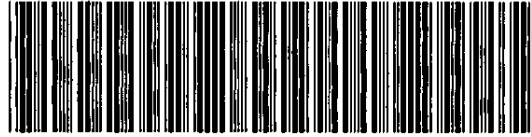
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/24/15--01007--009 **70.00

15 SEP 24 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Odette Hitti P.A.
(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: Odette Hitti
Name (Printed or typed)

1861 NW SOUTH RIVER DR # 1709
Address

MIAMI, FL 33125
City, State & Zip

1 954 245 4637
Daytime Telephone number

odetteagent@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **15 SEP 24 PM 1:41**

ARTICLE I NAME

The name of the corporation shall be: Odette Hitti P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1861 NW SOUTH RIVER DR # 1709

MIAMI, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

REAL ESTATE AGENT, INVESTOR AND A PROPERTY MANAGER

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Odette Hitti / Director

Name and Title: _____

Address 1861 NW SOUTH RIVER DR # 1709

Address: _____

MIAMI, FL 33125

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

15 SEP 24 PM 1:41

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE TALLAHASSEE FLORIDA
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Odette Hitti _____

Address: 1861 NW SOUTH RIVER DR _____

MIAMI, FL 33125 _____

ARTICLE VII INCORPORATOR

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

Name: Odette Hitti _____

Address: 1861 NW SOUTH RIVER DR # 1709 _____

MIAMI, FL 33125 _____


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	09/21/2015 _____ Date
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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	09/21/2015 _____ Date
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