

P15000084939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

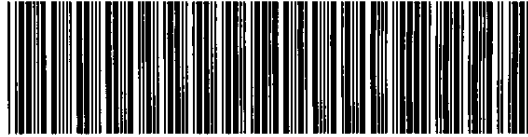
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600277776596

10/08/15--01004--007 **78.75

FILED
15 OCT - 8 PM 1:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

J 10/15/15

COVER LETTER

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

SUBJECT: SEAN DREZNIN 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: SEAN DREZNIN
Name (Printed or typed)

4238 MACEACHEN BLVD
Address

SARASOTA, FL 34233
City, State & Zip

941-906-8688
Daytime Telephone number

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 OCT - 8 PM 1:06

FILED

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

EFFECTIVE DATE 10/01/15

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: SEAN DREZNIN, P.A. 15 OCT -8 PM 1:06

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4238 MACEACHEN BLVD

SARASOTA, FL 34233

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE BROKERAGE

and any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEAN DREZNIN, President

Name and Title: _____

Address 4238 Macheachen Blvd

Address: _____

SARASOTA, FL 34233

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: SEAN DREWIN

Address: 4238 MacEachen Blvd
SARASOTA, FL 34233

FILED
15 OCT - 8 PM 1:06
STATE
OF FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Sean DREWIN

Address: 4238 MacEachen Blvd
SARASOTA, FL 34233

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2015 (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

Sean DREWIN
Required Signature/Registered Agent

10/01/2015
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.

Sean DREWIN
Required Signature/Incorporator

10/01/2015
Date