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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificate	s of Status			
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COVER LETTER

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

SUBJECT: SUSAN	L CUMMINGS PA		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	SAN L CUMMINGS Nam	e (Printed or typed)	
912	8 MICHAEL CIRCLE UNIT 1		
		Address	
NA	PLES, FL 34113		
	City.	, State & Zip	•
239	253 3547		
	Daytime 1	Telephone number	<u></u>
SUI	ESELLSNAPLES@GMAIL.COM		
	E-mail address: (to be use	d 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)

IRTICLE I NAME The name of the corporat	ion shall be: SUSAN L CUMMINGS PA	16 JAN 26 PM 2: 28
RTICLE II PRINC		SECRETARY OF STATE TALL AHASSEE FLORIDA Mailing address, if different is:
128 MICHAEL CIRC	LE UNIT 1	
NAPLES, FL 34113		
TRANSPORT OF THE PURPO The purpose for which the AND CONSULTANT.	PSE TO CON ne corporation is organized is:	DUCT BUSINESS AS A REAL ESTATE AGENT
		<u> </u>
·		
		
Name and Title	L OFFICERS AND/OR DIRECTORS SUSAN L CUMMINGS PVST 9128 MICHAEL CIRCLE UNIT 1	Name and Title:
Address	NAPLES, FL 34113	Address:
		<u> </u>
Name and Title:		Name and Title:
Address		Address:
Name and Title	· ·	Name and Title:
Address		
1 xuul 633		

Address: Address: Address: Address: Address: Address: Address: SUSAN L CUMMINGS Address: P128 MICHAEL CIRCLE UNIT 1 NAPLES FL 34113 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SUSAN L CUMMINGS Address: P128 MICHAEL CIRCLE UNIT 1 NAPLES, FL 34113 ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: SUSAN L CUMMINGS Address: P128 MICHAEL CIRCLE UNIT 1 NAPLES, FL 34113 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 but 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 lithed 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 design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered agent Pagent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.	Name ar	nd Title:	Name and Title:	
ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: 9128 MICHAEL CIRCLE UNIT 1 NAPLES FL 34113 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SUSAN L CUMMINGS Address: 9128 MICHAEL CIRCLE UNIT 1 NAPLES, FL 34113 ARTICLE VIII EFFECTIVE DATE: INAPLES, FL 34113 ARTICLE VIII EFFECTIVE DATE: (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 but 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 list 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 design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the fatse information submit	Address	s	Address:	
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