

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925

Fax Number : (941)625-1526

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FLORIDA PROFIT/NON PROFIT CORPORATION

Lee Ann Alexander, PA

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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2/9/2016

N. Custgan FEB 1 0 2016

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

16 FEB -9 AM II: 23

LEI NAME ne of the corporation shall be:	A TALLAHASS
LE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is
lesio Ave	2922 Alesio Ave
юп, FL 34286	North part, FL 34286
LE III PURPOSE pose for which the corporation is organized is:	l Estate Broker or Sales
LEIV SHARES nber of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTO Lee Ann Alexander President	<u>DRS</u>
LE IV SHARES nber of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTO Name and Title: 2972 Alesio Ave	DRS Name and Title:
LE IV SHARES nber of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTO Name and Title: 2972 Alesio Ave	<u>DRS</u>
LE IV SHARES 100 nber of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTO Name and Title: Lee Ann Alexander President Address 2922 Alesio Ave	ORS Name and Title: Address;
LE IV SHARES 100 nber of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Lee Ann Alexander President Address 2922 Alesio Ave North Port, FL 34286	ORS Name and Title: Address:
Deep of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Address North Port, FL 34286 Name and Title:	Name and Title: Address: Name and Title:
LE IV SHARES 100 nber of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Lee Ann Alexander President Address 2922 Alesio Ave North Port, FL 34286	DRS Name and Title: Address; Name and Title:
Deep of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Address North Port, FL 34286 Name and Title:	Name and Title: Address: Name and Title:
Name and Title: Name and Title: Address Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title:
Name and Title: Name and Title: Address Name and Title: Address Name and Title: Address	Name and Title: Address: Name and Title: Address: Name and Title:

Name an	d Tide:	Name and Title:
Address		Address:
	REGISTERED AGENT lorids street address (P.O. Box NOT acceptable	a) of the conjetured appropriate
Name:	Lee Ann Alexander	of the registered agent is.
Address:	2922 Alesio Ave	
Addiess,	North Port, FL 34286	
		-
ARTICLE VII	INCORPORATOR	Au 6
The name and a	ddress of the incorporator is:	FG n
Name:	Lee Ann Alexander	
Address:	2922 Alesio Ave	ASSEE A
	North Port, FL 34286	AHII: 2: SEE FLORI
		STATION
	EFFECTIVE DATE:	Din W
(If an effective d days after the fi	ling.)	anot be more than five business days prior or 90 business
the document's e	meet the application of State's reconstructive date on the Department of State's reconstructive date.	able statutory filing requirements, this date will not be listed as
Having been nar	med as registered agent to accept service of pro am familiar with and accept the appointment a	cess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
JUL	VINN CULY	2/4/16
-	Required Signature/Registered Agent	Date
I submit this document to the	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in a clony as provided for in £817.153, F.S.
Koot	amal	2/4/16
Requi	red Signature/Incorporator	Date