

PI6000021604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

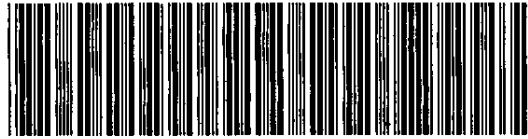
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300282763083

03/01/16--01020--012 **70.00

FILED
2016 MAR -1 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 9 2016

T. BROWN

COVER LETTER

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

SUBJECT: ChoicePointe Realty, Inc.

(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: ChoicePointe Realty, Inc.

Name (Printed or typed)

2010 NW Federal Highway

Address

Stuart, FL 34994

City, State & Zip

888-246-5758

Daytime Telephone number

ktrowbridge@choicesold.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: ChoicePointe Realty, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2010 NW Federal Highway

Stuart, FL 34994

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale and Leasing of Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Jo F. Thiboult, President

Name and Title: _____

Address 2010 NW Federal Highway

Address: _____

Stuart, FL 34994

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: Mary Jo F. Thiboult _____

Address: 2010 NW Federal Highway _____

Stuart, FL 34994 _____

ARTICLE VII INCORPORATOR

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

Name: Mary Jo F. Thiboult _____

Address: 2010 NW Federal Highway _____

Stuart, FL 34994 _____

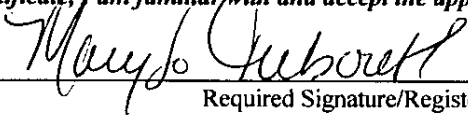
ARTICLE VIII EFFECTIVE DATE:

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

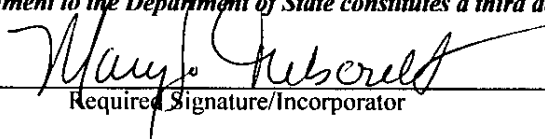


Required Signature/Registered Agent

2/26/2016

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

2/26/2016

Date