

P 16000023720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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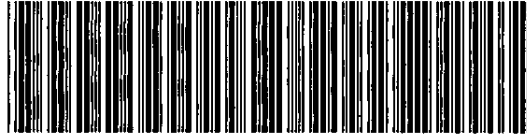
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/16--01029--022 **70.00

FILED
MAR - 8 2016
16 MAR - 8 2016

MAR - 8 2016

S. PRATHER

COVER LETTER

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

SUBJECT: Pape Property Services 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: Dennis Pape

Name (Printed or typed)

5192 Chaves Cirle

Address

Port Charlotte, FL 33948

City, State & Zip

941-380-6472

Daytime Telephone number

DennisPapeProperties@gmail.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: Pape Property Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5192 Chaves Circle

Port Charlotte, FL

33948

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any or all lawful businesses

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dennis Pape, President

Name and Title: Lisa Pape, Treasurer/Secretary

Address 5192 Chaves Circle

Address: 5192 Chaves Circle

Port Charlotte, FL

Port Charlotte, FL

33948

33948

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL
SECRETARY OF STATE

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: Dennis Pape
Address: 5192 Chaves Circle
Port Charlotte, FL 33948

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SECRETARY OF STATE
TALLAHASSEE FL 32301

ARTICLE VII INCORPORATOR

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

Name: Dennis Pape
Address: 5192 Chaves Circle
Port Charlotte, FL 33948

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

Dennis Pape 3/3/16
Required Signature/Registered Agent 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.

Dennis Pape 3/3/16
Required Signature/Incorporator Date