

P 160000 26375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

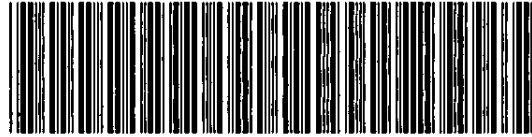
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/16--01020--029 **70.00

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16 MAR 17 PM 1:12
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Agnes Lirag, PA

(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: Agnes Lirag, PA

Name (Printed or typed)

5757 Eaglemount Cir.

Address

Lithia, FL 33547

City, State & Zip

813-928-0523

Daytime Telephone number

agneslirag@msn.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: Agnes Lirag, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

5757 Eaglemount Cir

Lithia, FL 33547

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct the business of a real estate agent in the state
of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Agnes Lirag, President

Address

5757 Eaglemount Cir

Lithia, FL 33547

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA
CLERK 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: Agnes Lirag _____

Address: 5757 Eaglemount Cir _____

Lithia, FL 33547 _____

ARTICLE VII INCORPORATOR

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

Name: Agnes Lirag _____

Address: 5757 Eaglemount _____

Lithia, FL 33547 _____

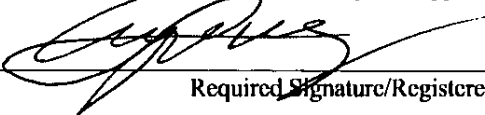
ARTICLE VIII EFFECTIVE DATE:

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

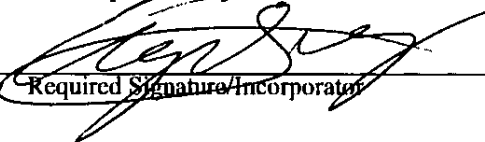


Required Signature/Registered Agent

3/14/16

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

3/14/16

Date