

P16000026391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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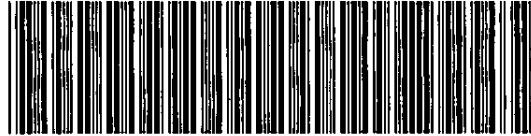
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/14/16--01041--002 **70.00

N. Gulligan MAR 22 2016

COVER LETTER

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

SUBJECT: Palm Beach Notaries, 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: Melissa Lovasco

Name (Printed or typed)

921 36th Street

Address

West Palm Beach, FL 33407

City, State & Zip

617.501.5867

Daytime Telephone number

melissalovasco@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2016

MELISSA LOVASCO
921 36TH STREET
WEST PALM BEACH, FL 33407

SUBJECT: MELISSA LOVASCO
Ref. Number: W16000021340

We have received your document for MELISSA LOVASCO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Verify the name IN ARTICLE I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 316A00005851

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: Melissa Lovasco Palm Beach Notaries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

921 36th Street

West Palm Beach, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful and professional business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Lovasco, President

Name and Title: Melissa Lovasco, Secretary

Address: 921 36th Street

Address: 921 36th Street

West Palm Beach, FL 33407

West Palm Beach, FL 33407

Name and Title: Willie Cisneros, Vice President

Name and Title: Melissa Lovasco, Treasurer

Address: 921 36th Street

Address: 921 36th Street

West Palm Beach, FL 33407

West Palm Beach, FL 33407

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: Melissa Lovasco
Address: 921 36th Street
West Palm Beach, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Lovasco
Address: 921 36th Street
West Palm Beach, FL 33407

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 3/24/16
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 Date