

P16000032594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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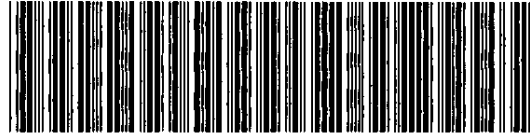
(Business Entity Name)

(Document Number)

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16 APR -8 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan APR 13 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

VALERI E GONZALES
8248 COUNTRY OAKS CT
SARASOTA, FL 34243

SUBJECT: VALERI GONZALES REALTY INC
Ref. Number: W16000022060

We have received your document for VALERI GONZALES REALTY INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00 ✓
Registered Agent Designation	\$35.00 ✓
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 616A00006097

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: VALERI GONZALES REALTY INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

8248 COUNTRY OAKS CT

SARASOTA, FL. 34243

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is

8248 COUNTRY OAKS CT

SARASOTA, FL. 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALERI E GONZALES (PRESIDENT)

Name and Title: _____

Address

8248 COUNTRY OAKS CT

Address: _____

SARASOTA, FL. 34243

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: VALERI E GONZALES
Address: 8248 COUNTRY OAKS CT
SARASOTA, FL. 34243

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DEPT. OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: VALERI E GONZALES
Address: 8248 COUNTRY OAKS CT
SARASOTA, FL. 34243

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/15/2016 (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
03/15/2016
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
03/15/2016
Date