## P1600042125

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only

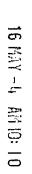


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SECRETARY OF STATE
TALL APPROPERTION IN





LORIDA DEPARTMEN

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2016

CHRIS PRISCO 5881 NW LEAH DRIVE PORT ST. LUCIE, FL 34986

SUBJECT: CHRIS PRISCO REALTOR LLC

Ref. Number: W16000034948

We have received your document for CHRIS PRISCO REALTOR LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 416A00010021

www.sunbiz.org

## **COVER LETTER**

Department of State New Filing Section Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions			
SUBJECT:		PRISCO REALTOR INCL	•	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	CHRIS PRISCO  Name (Printed or typed)			
		W LEAH DRIVE		
		Address		
		LUCIE, FLORIDA 34986		
	·	State & Zip		
		72-370-5582 elephone number		
	·	TOR@HOTMAIL.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)

The name of the corners	of the corporation shall be: CHRIS PRISCO REALTOR INC				
ARTICLE II PRING		No 100	Mailing addre	ess. if different is:	
5881 NW LEAH DRIV		MALANA.	Mailing address, if different is: 5881 NW LEAH DRIVE		
PORT ST LUCIE, FLO	PORT ST LUCIE, FLORIDA 34986		PORT ST LUCIE, FLORIDA 34986		
ADTICLE III DUDD	OSE	_			
The purpose for which	the corporation is organized is:	EW PROFESSIO	NAL ORGANIZATION	1	
			•		
The second secon				16 AE	
		<del></del>		5 FE	
ARTICLE IV SHAR	ES 100			+ 55 m	
	stock is:			W 10: 01 (ED 4)	
	AL OFFICERS AND/OR DIRECT  CHRIS PRISCO PRESIDENT e:		e and Title:	77) (>	
Address 5881 NW LE	5881 NW LEAH DRIVE	4.1.1			
	PORT ST LUCIE, FLORIDA 34	4986		· · · · · · · · · · · · · · · · · · ·	
Name and Title		Nome	and Tisla.		
Address					
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Name and Title	·	Name	e and Title:		
Address		Addr	ess:		
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Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
			And the state of t
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	GEORGE JOHN KALIDONIS EA	of the registered agent is.	
Address:	1104 FLEETWOOD LANE	_	16 H
	FORT PIERCE, FL 34982		GRE AR
ARTICLE VII	<u>INCORPORATOR</u>		A FIGO
The <u>name and a</u>	address of the Incorporator is:		STAT ORI
Name:	CHRIS PRISCO		O ACI
Address:	5881 NW LEAH DRIVE		
	PORT ST LUCIE, FLORIDA 34986		
Effective date, i (If an effective days after the f	date is listed, the date must be specific and can		
	effective date on the Department of State's record		
	amed as registered agent to accept service of processing the appointment as a second contract of the appointment as a second c		
A	Sous John Kaldons En		04/27/2016
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein a e Department of State constitutes in third degree fel	re true. I am aware that the false lony as provided for in s.817.155, .	e information submitted in a F.S.
	/tt//		04/27/2016
Requ	uired Signature/Incorporator	<del></del>	Date