

P 16000063594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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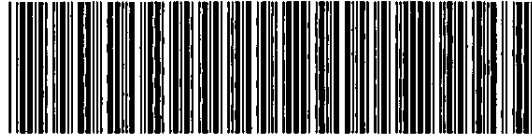
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL 25 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: ROSANA GERZANICH 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROSANA GERZANICH
Name (Printed or typed)

140 SW 117TH AVE, #4208
Address

PENBROKE PINES, FL 33025
City, State & Zip

954-952-4475
Daytime Telephone number

ROSANA G @ KW.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: ROSANA GERZANICH PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

140 SW 117TH AVE #4208
PEMBROKE PINES, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSANA GERZANICH Name and Title: _____
PRESIDENT

Address _____ Address: _____

140 SW 117TH AVE #4208
PEMBROKE PINES, FL 33025

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TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

BIANCA GERZANICH

Address:

140 SW 117TH AVE # 4208
PENBROKE PINES, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

ROSANA GERZANICH

Address:

140 SW 117TH AVE # 4208
PENBROKE PINES, FL 33025

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

Rosana Gerzanich
Required Signature/Registered Agent

7/18/16
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.

Rosana Gerzanich
Required Signature/Incorporator

7/18/16
Date