

P16000063617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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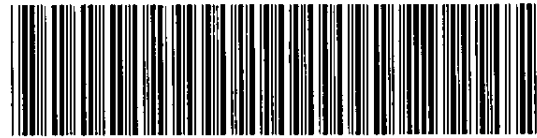
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 26 PM 3:56

COVER LETTER

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

SUBJECT: FLORIDA REAL ESTATE REFERRALS CORP.

(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: APRIL S ALLAIN

Name (Printed or typed)

221 N. HWY 27, SUITE F

Address

CLERMONT, FL 34711

City, State & Zip

321-281-7451

Daytime Telephone number

REALTOR.APRIL@YAHOO.COM

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

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

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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: FLORIDA REAL ESTATE REFERRALS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

221 N. HWY 27

SUITE F

CLERMONT, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for a Domestic Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: April S Allain President

Name and Title: Roger E Allain Vice President

Address 1211 Shorecrest Circle

Address: 1211 Shorecrest Circle

Clermont, FL 34711

Clermont, FL 34711

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 JUL 26 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: April S Allain
Address: 1211 Shorecrest Circle
Clermont, FL 34711

ARTICLE VII INCORPORATOR

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

Name: April S Allain
Address: 1211 Shorecrest Circle
Clermont, FL 34711

REC'D
STATE
TAX
16 JUL 26 PM 3:56

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

7-22-16
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

7-22-16
Date