## P16000068494

questor's Name)				
lress)				
iress)				
//State/Zip/Phone	e #)			
☐ WAIT	MAIL			
siness Entity Nan	ne)			
(Document Number)				
Certificates	s of Status			
Filing Officer:				
	ress)  r/State/Zip/Phone WAIT  siness Entity Narr  cument Number)  Certificates			

Office Use Only



100288913141

08/12/16--01019--002 \*\*78.75

SECRETARY OF STATE OF STATE OF SORPORATIONS

EFFECTIVE DATE <u>Q8/05/16</u>

2 08/19/16

## **COVER LETTER**

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

SUBJECT: Edward	A. Cairo, P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00	\$78.75	<b>□</b> \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	PPY REQUIRED
	WARD A. CAIRO		
	Nam	e (Printed or typed)	
102	NE 2ND ST SUITE 113		
		Address	
вос	CA RATON, FL 33432		
	City	State & Zip	
561-	376-4583		
	Daytime 7	elephone number	-
EC0	020@GMAIL.COM		
<del></del>	E-mail address: (to be use	d 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 corporat	ion shall be:	P.A.	
ARTICLE II PRINC	<u>PIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if d	ifferent is:
102 NE 2ND ST. SUITI	E 1133		
BOCA RATON, FL 334	132		<del></del>
ARTICLE III PURPO The purpose for which the MORTGAGES	OSE he corporation is organized is:	DUCTING BUSINESS RELATED TO REA	AL ESTATE AND
			JIVISION OF
			2 AM C
ARTICLE IV SHARE The number of shares of	stock is:		CORPORATIONS  2 AM 9: 40
<del></del>	L OFFICERS AND/OR DIRECTOR EDWARD A. CAIRO		
Name and Title	102 NE 2ND ST SUITE113	Name and Title: PRESIDENT	
Address	BOCA RATON, FL 33432	Address:	
			<del> </del>
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

ivaine a	nd Title:	Name and Title:	
Addres	is	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	EDWARD A CAIRO		
Address:	102 NE 2ND ST SUITE 113	<del></del>	دع
	BOCA RATON,FL 33432		\ <u>\</u> 8
		AUG	
ARTICLE VII	<u>INCORPORATOR</u>	12	PRANCE CONTROL
The name and a	address of the Incorporator is:	> 3K	97°C
Name:	EDWARD A CAIRO	 9: +0	STA
Address:	102 NE 2ND ST SUITE 113	<b>£</b> 0	Y OF STATE CORPORATIONS
	BOCA RATON, FL 33432		Ŝ
Effective date, i		(OPTIONAL) cannot be more than five business days prior or 90 bus	iness
	te inserted in this block does not meet the appli effective date on the Department of State's rec	cable statutory filing requirements, this date will not be lisords.	sted as
Having been no	oned as regimered agent to accept service of pr	rocess for the above stated corporation at the place design	nated in
Having been no this certificate,	whed as regimered agent to accept service of p a <del>m fun</del> diar w <del>ith an</del> d accept the appointment	as registered agent and agree to act in this capacity	nated in
Having been ng this certificate,	om fumiliar with and accept the appointment	as registered agent and agree to act in this capacity  08/05/2016	nated in
this certificate,	am fumiliar with and accept the appointment  Required Signature/Registered Agen	as registered agent and agree to act in this capacity  08/05/2016  Date  n are true. I am aware that the false information submit	
this certificate,	Required Signature/Registered Agen	as registered agent and agree to act in this capacity  08/05/2016  Date  n are true. I am aware that the false information submit	<del>.</del>

10 mm