

P/6000068494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

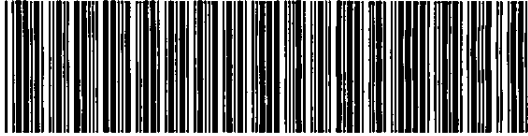
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100288913141

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG 12 AM 9:40

EFFECTIVE DATE 08/05/16

*[Signature]* 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 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:** EDWARD A. CAIRO  
Name (Printed or typed)  
102 NE 2ND ST SUITE 113  
Address  
BOCA RATON, FL 33432  
City, State & Zip  
561-376-4583  
Daytime Telephone number  
EC0020@GMAIL.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: EDWARD A. CAIRO, P.A. \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
_____	_____
102 NE 2ND ST. SUITE 1133	_____
_____	_____
BOCA RATON, FL 33432	_____
_____	_____

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONDUCTING BUSINESS RELATED TO REAL ESTATE AND MORTGAGES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 16 AUG 12 AM 9:40

**ARTICLE IV SHARES**

The number of shares of stock is: 100 \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EDWARD A. CAIRO	Name and Title: PRESIDENT
Address: 102 NE 2ND ST SUITE 113	Address: _____
BOCA RATON, FL 33432	_____
_____	_____

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: EDWARD A CAIRO  
 Address: 102 NE 2ND ST SUITE 113  
 BOCA RATON, FL 33432

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 16 AUG 12 AM 9:40

**ARTICLE VII INCORPORATOR**

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

Name: EDWARD A CAIRO  
 Address: 102 NE 2ND ST SUITE 113  
 BOCA RATON, FL 33432

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/05/2016 (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 notified 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  
 08/05/2016  
 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  
 08/05/2016  
 Date