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TALLIAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Petr	ra Svobodova P.A.				
50bsEc1	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:		
■ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED		
FROM:		ume (Printed or typed)			
	5732 Sandpiper Pl				
	Address				
	Fort Myers, Fl, 33919				
City, State & Zip					
	239-839-4734				
	Daytime Telephone number				
	svobodovap@yahoo.com				
	E-mail address: (to be u	ised 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)

CLE II PRIN	<u>CIPAL OFFICE</u>		
	Principal street address	Mailing add	ress, if different is:
Sandpiper Pl			
Myers, Fl, 33919			
			
ICLE III PURI	POSE pro	viding professional services in real est	ate
purpose for which	the corporation is organized is.		
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			F. S. 5.
			0 R 2 9
ICLE IV SHA	of stock is:	ORS.	
number of shares of	of stock is: IAL OFFICERS AND/OR DIRECT Mrs. Petra Synhadova		
number of shares of	of stock is: IAL OFFICERS AND/OR DIRECT tle: TOO INCLUDE: TOO	ORS Name and Title:	
number of shares of	of stock is: IAL OFFICERS AND/OR DIRECT Mrs. Petra Synhadova		
number of shares of shares of shares of the share and Ti	of stock is: IAL OFFICERS AND/OR DIRECT tle: TOO INCLUDE: TOO	Name and Title:	
number of shares of shares of shares of the share and Ti	IAL OFFICERS AND/OR DIRECT tle: 5732 Sandpiper Pl	Name and Title:	
number of shares of shares of shares of the share and Ti	IAL OFFICERS AND/OR DIRECT tle: 5732 Sandpiper Pl	Name and Title:	
Name and Ti	of stock is: IAL OFFICERS AND/OR DIRECT Ide: Mrs. Petra Svobodova 5732 Sandpiper Pl Fort Mycrs, Fl,33919	Name and Title:Address:	
Name and Tit	Mrs. Petra Svobodova 15732 Sandpiper Pl Fort Myers, Fl,33919	Name and Title: Address: Name and Title:	
Name and Ti	of stock is: IAL OFFICERS AND/OR DIRECT Ide: Mrs. Petra Svobodova 5732 Sandpiper Pl Fort Mycrs, Fl,33919	Name and Title: Address: Name and Title:	
Name and Tit	Mrs. Petra Svobodova 15732 Sandpiper Pl Fort Myers, Fl,33919	Name and Title: Address: Name and Title:	
Name and Tit	Mrs. Petra Svobodova 15732 Sandpiper Pl Fort Myers, Fl,33919	Name and Title: Address: Name and Title:	
Name and Tit	Mrs. Petra Svobodova 15732 Sandpiper Pl Fort Myers, Fl,33919	Name and Title: Address: Name and Title: Address:	
Name and Tit Address Address	of stock is: IAL OFFICERS AND/OR DIRECT Mrs. Petra Svobodova 5732 Sandpiper Pl Fort Myers, Fl,33919	Name and Title: Address: Name and Title: Address:	
Name and Tit Address Address	of stock is: IAL OFFICERS AND/OR DIRECT Mrs. Petra Svobodova 5732 Sandpiper Pl Fort Myers, Fl,33919	Name and Title: Address: Name and Title: Address:	
Name and Tit Address Address	of stock is: IAL OFFICERS AND/OR DIRECT Mrs. Petra Svobodova 5732 Sandpiper Pl Fort Myers, Fl,33919	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	and Title:	Name and Title:	
Addre		Address:	
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NO T acc	entable) of the registered agent ic:	
Name:	Petra Svobodova	species, or the registered agent is:	
Address:	5732 Sandpiper Pl		
	Fort Myers, Fl, 33919	ALLS	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	T-3	
The name and	address of the Incorporator is:		
Name:	Petra Svobodova	3 AM ID: 29	
Address:	5732 Sandpiper Pl		
	Fort Myers, Fl, 33919		
Effective date,		. (OPTIONAL) and cannot be more than five business days prior or 90 business	
	te inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as s records.	
	I am familiar with and accept the appoints	of process for the above stated corporation at the place designated in nent as registered agent and agree to act in this capacity	n
	Required Signature/Registered	09/27/2011	,
	Required Signature/Registered	Agent Date	•
		perein are true. I am aware that the false information submitted in gree felony as provided for in s.817.155, F.S.	a
P1	mount	01/27/2019	1
Rea	uired Signature/Incorporator	Date	