

PI6 0000 85884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

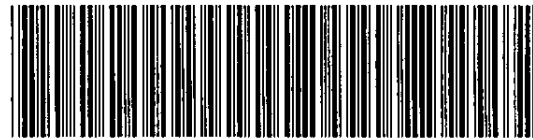
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/01/16--01010--006 **78.75

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N. SAMS

NOV 04 2016

To Florida Department Of State

Divisions of Corporations

October 27, 2106

To whom it may concern:

My name is Luciana Aita De Marzi, I am the president of Fama Realty Corp. See attached document that shows that my company had a dissolution for annual report. I am so sorry I didn't complied with the annual report.

Please note that I have NOT intentions to active this company, instead I am creating a new one, see attached article of incorporation and a check for \$78.75.

Sincerely,



Luciana Aita De Marzi

772 6471128

1051 SW Squire johns lane

Palm city, Fl 34990

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FLORIDA DEPARTMENT OF
CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Profit Corporation

FAMA REALTY CORP

Filing Information

Document Number P15000080237
FEI/EIN Number NONE
Date Filed 09/29/2015
Effective Date 09/28/2015
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed 09/23/2016
Event Effective Date NONE

Principal Address

1051 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990

Mailing Address

1051 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990

Registered Agent Name & Address

AITA DE MARZI, LUCIANA
1051 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990

Officer/Director Detail

Name & Address

Title P

AITA DE MARZI, LUCIANA
1051 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990

Title VP

BUDGE, JEFFREY J
1051 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990

Annual Reports

No Annual Reports Filed

Document Images

09/29/2015 -- Domestic Profit

[View image in PDF format](#)

COVER LETTER

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

SUBJECT: Fama Realty 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: Fama Realty Corp

Name (Printed or typed)

1051 SW SQUIRE JOHNS LANE

Address

PALM CITY, FL 34990

City, State & Zip

7726471128

Daytime Telephone number

legalprocessingservices@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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TALLAHASSEE, FL 32314
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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: Fama Realty Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
1051 SW SQUIRE JOHNS LANE
PALM CITY , FL 34990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: buy real state/ rent real state

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luciana Aita De Marzi (president)

Address 1051 SW SQUIRE JOHNS LANE
PALM CITY
FL 34990

Name and Title: Jeffrey Budge (vice president)

Address: 1051 SW SQUIRE JOHNS LANE
PALM CITY
FL 34990

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2016 NOV - 1 AM 10:35
P. O. BOX 1000
PALM BEACH, FL 33480

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: LUCIANA AITA DE MARZI

Address: 1051 SW SQUIRE JOHNS LANE

PALM CITY, FL 34990

ARTICLE VII INCORPORATOR

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

Name: LUCIANA AITA DE MARZI

Address: 1051 SW SQUIRE JOHNS LANE

PALM CITY, FL 34990

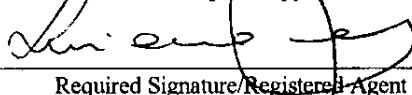
ARTICLE VIII EFFECTIVE DATE:

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

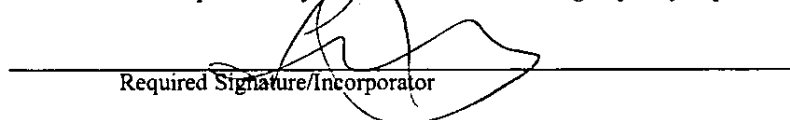


Required Signature/Registered Agent

10/27/2016

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

10/27/2016

Date

FAMA REALTY CORP
Luciana Alfa & Jeffrey Budge
1061 SW Square Johns
Palm City, FL 34980

006

03-215831

ORDER 2016

Florida Department of State \$ 78.75

Twenty eight 75/100

Billers

Signature

Mr. Inc. FAMA

9000 111805581000125120189001

OFFICE OF THE
CLERK OF THE
SOLICITOR GENERAL

2016 NOV - 1 AM 10:35

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