

P16000092344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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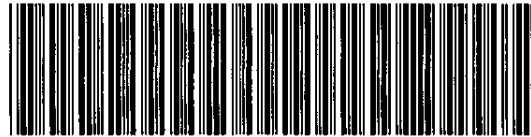
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/16--01013--007 **87.50

16 NOV 17 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/21/16

COVER LETTER

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

SUBJECT: _____

Katie Watral, 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: _____

Katie Watral

Name (Printed or typed)

960 Partridge Circle # 201

Address

Naples, FL 34104

City, State & Zip

239.398.7553

Daytime Telephone number

Katie.watral@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)

16 NOV 17 AM 10:30

ARTICLE I NAME

The name of the corporation shall be: Katie Watral, P.A.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

960 Partridge Circle #201
Naples, FL 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in the practice of
real estate as a professional agent, to carry out
business needed in accordance with the rules and
regulations of the State of Florida Dept. of Business
and Professional regulation.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katie Watral (President) ^{Director} Name and Title: _____

Address: 960 Partridge Circle Address: _____
Unit 201
Naples, FL 34104

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: Katie Watral
Address: 960 Partridge Circle #201
Naples, FL 34104

16 NOV 17 AM 10:30
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katie Watral
Address: 960 Partridge Circle #201
Naples, FL 34104

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 days prior or 90 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

Katie Watral
Required Signature/Registered Agent

11-11-16
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.

Katie Watral
Required Signature/Incorporator

11-11-16
Date