

P16000093272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

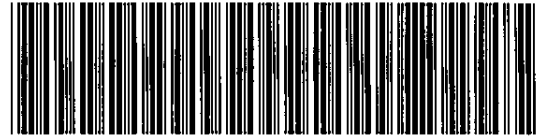
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W16-63279

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV 29 2016

COVER LETTER

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

SUBJECT: Lillian Oliveira, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lillian Oliveira

Name (Printed or typed)

170 NE 30th Court

Address

Pompano Beach, FL 33064

City, State & Zip

561-674-2200

Daytime Telephone number

Lillian.Morena9@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2016

LILLIAN OLIVEIRA
170 NE 30TH COURT
POMPANO BEACH, FL 33064

SUBJECT: LILLIAN OLIVEIRA, P.A.
Ref. Number: W16000063279

We have received your document for LILLIAN OLIVEIRA, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 016A00019499

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: Lillian Oliveira, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

170 NE 30th Court, Pompano Beach, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Transactions

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lillian Oliveira, President

Address: 170 NE 30th Court, Pompano Beach, FL 33064

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED

2016 NOV 21 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED

2016 NOV 21 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lillian Oliveira, President _____

Address: 170 NE 30th Court, Pompano Beach, FL 33064 _____

ARTICLE VII INCORPORATOR

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

Name: Lillian Oliveira, President _____

Address: 170 NE 30th Court, Pompano Beach, FL 330 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/1/2016 (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 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

Lillian Oliveira

Required Signature/Registered Agent

09/01/16

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.

Lillian Oliveira

Required Signature/Incorporator

09/01/16

Date