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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DIVISION OF CORPORATIONS  
2016 DEC -8 PM 2:15

*K* 12/09/16

Gabriela DeMelo  
618 86th ST  
Miami Beach, FL 33141  
Cell: 305.432.7831  
gabidemelo@aol.com

December 5th, 2016

To whom it may concern,

I, Gabriela DeMelo, have a PA with my personal name that is now inactive. I hereby certify I will not activate that PA again. Please accept my application to open a new PA on my name.

Kind regards,

Gabriela DeMelo



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## COVER LETTER

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

SUBJECT: GABRIELA DEMELO PA  
(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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Gabriela de Melo  
Name (Printed or typed)

618 86th St.  
Address

Miami Beach, FL 33141  
City, State & Zip

305 432 7816  
Daytime Telephone number

GABIDEMELO e AOL.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: GABRIELA DEMELO PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

618 86th st. miami beach  
FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: real estate services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriela Demelo/director

Name and Title: \_\_\_\_\_

Address 618 86th st

Address: \_\_\_\_\_

miami beach FL 33141

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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DIVISION  
2016 DEC - 8 PM 2:15

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: Gabriela Demelo  
Address: 618 86th st.  
Miami Beach, FL 33141

**ARTICLE VII INCORPORATOR**

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

Name: Gabriela Demelo  
Address: 618 86th st.  
Miami Beach, FL 33141

**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*

G Demelo

Required Signature/Registered Agent

12/5/16

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.*

G Demelo

Required Signature/Incorporator

12/5/16

Date

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