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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-019542

03/23/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2017

INAKI SAIZARBITORIA  
21 S.W. 15 RD., STE. #200  
MIAMI, FL 33129

SUBJECT: NICKEL M. GOESEKE, P.A.  
Ref. Number: W17000019542

We have received your document for NICKEL M. GOESEKE, 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 specific business purpose of the professional association must be stated in the document.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 117A00004506

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INFORMATION SERVICES

## COVER LETTER

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

70.00  
\$

SUBJECT: Nickel M. Goeseke, 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: \_\_\_\_\_  
Name (Printed or typed)

Inaki Saizarbitoria Esq., P.A.  
21 S.W. 15 Road, Suite #200  
Miami, FL., 33129

\_\_\_\_\_  
City, State & Zip

305-374-4106  
\_\_\_\_\_  
Daytime Telephone number

inaksari@outlook.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: NICKEL M. GOESEKE, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1450 S. MIAMI AVENUE

MIAMI, FLORIDA 33130

Mailing address, if different is:

1450 S. MIAMI AVENUE

MIAMI, FLORIDA 33130

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GENERAL PURPOSE - REAL ESTATE

PURCHASE AND SALE

REPRESENTATIVE

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NICKEL M. GOESEKE - P-S-T

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

Address 1450 S. MIAMI AVENUE

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

MIAMI, FLORIDA 33130

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: NICKEL M. GOESEKE

Address: 1450 S. MIAMI AVENUE

MIAMI, FLORIDA 33130

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**ARTICLE VII INCORPORATOR**

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

Name: NICKEL M. GOEKE

Address: 1450 S. MIAMI AVENUE

MIAMI, FLORIDA 33130

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

2/21/17  
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

2/21/17  
Date