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Division of Corporations
Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ALINA-SCHWARTZ@Icloud.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
ALINA SCHWARTZ, PA

Certificate of Status	0
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06/30/17

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ALINA SCHWARTZ, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address17149 BALBOA POINT WAYBOCA RATON, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: REAL ESTATE AGENT**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALINA SCHWARTZ, PRES

Name and Title: _____

Address 17149 BALBOA POINT WAY

Address: _____

BOCA RATON, FL 33487

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 JUN 29 AM 11:40

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: ALINA SCHWARTZ
Address: 17149 BALBOA POINT WAY
BOCA RATON, FL 33487

ARTICLE VII INCORPORATOR

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

Name: ALINA SCHWARTZ
Address: 17149 BALBOA POINT WAY
BOCA RATON, FL 33487

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

6/29/17
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

6/29/17
Date