

P17000060774

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17 JUL 17 PM 12:52  
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JUL 17 2017  
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JUL 17 2017

## COVER LETTER

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

**SUBJECT:** LUZ S COUGHLIN 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      ☒ \$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:** LARRY B. NEWMAN

Name (Printed or typed)

6803 LAKE WORTH ROAD STE 305

Address

LAKE WORTH FLORIDA 33467

City, State & Zip

561-642-6999

Daytime Telephone number

LBN@NEWMANADVISORS.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: LUZ S COUGHLIN PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5172 DESERT VIXEN ROAD  
PALM BEACH GARDENS FL 33418

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ASSIST CUSTOMERS IN THE PURCHASE AND SALE  
OF REAL ESTATE AND TO DO ANY OTHER BUSINESS THAT IS LEGAL IN THE STATE OF FLORIDA  
AND UNITED STATES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: THOMAS COUGHLIN, SECRETARY  
Address: 5172 DESERT VIXEN ROAD  
PALM BEACH GARDENS, FL 33418

Name and Title: LUZ S COUGHLIN, PRESIDENT  
Address: 5172 DESERT VIXEN ROAD  
PALM BEACH GARDENS, FL 33418

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

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

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

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

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

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

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

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

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PALM BEACH COUNTY, FLORIDA

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: LUZ S COUGHLIN  
Address: 5172 DESERT VIXEN ROAD  
PALM BEACH GARDENS, FL 33418

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUZ S COUGHLIN  
Address: 5172 DESERT VIXEN ROAD  
PALM BEACH GARDENS, FL 33418

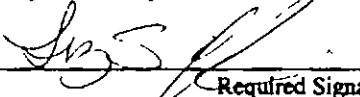
**ARTICLE VIII EFFECTIVE DATE:**

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*

→ \*  7/1/17  
Required Signature/Registered Agent 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.*

→ \*  7/1/17  
Required Signature/Incorporator Date