

P1700075845

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000246629 3)))



H170002466293ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
17 SEP 19 AM 9:19
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CATHERINE B HOGAN PA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SEP 20 2017

K. Brumbley

<https://efile.sunbiz.org/scripts/efilcovr.exe>

RECEIVED

17 SEP 19 PM 5:01

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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: CATHERINE B HOGAN PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

3828 VICTORIA DRIVE
WEST PALM BEACH FLORIDA 33406

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO REPRESENT BUYERS AND SELLERS IN THE PURCHASE
OR SALE OF REAL ESTATE OR ANY LEGAL BUSINESS 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: CATHERINE B HOGAN, PRESIDENT

Address: 3828 VICTORIA DRIVE
WEST PALM BEACH FL 33406

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

17 SEP 19 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, 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: CATHERINE B HOGAN
 Address: 3828 VICTORIA DRIVE
 WEST PALM BEACH FL 33406

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CATHERINE B HOGAN
 Address: 3828 VICTORIA DRIVE
 WEST PALM BEACH FL 33406

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

* Catherine B Hogan
 Required Signature/Registered Agent

09/15/17

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 2817.133, F.S.

* Catherine B Hogan
 Required Signature/Incorporator

09/15/17

Date