

P17000081473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

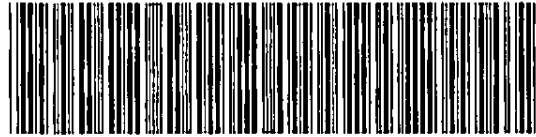
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/10/17--01027--003 **70.00

FILED
17 OCT 10 AM 9:13
CLERK OF STATE
HALL COUNTY, FLORIDA

October 4, 2017

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document # P16000055273

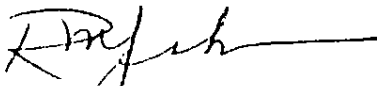
To whom it may concern,

Please accept this letter as official notice that I have no intention of reinstating the above-referenced document number.

I would like to file for a new corporation using the same name, however. I have included a signed copy and original of the required application and a check for \$70 for that express purpose.

Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me at 305-216-7717 or by email, if you prefer, to rmy24@hotmail.com

Sincerely,


R. Maggie Yeshua

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17 OCT 10 AM 9:13
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Appraisal Pro Group, Inc.

(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: R. Maggie Yeshua

Name (Printed or typed)

1000 Quayside Terrace Apt 1801

Address

Miami, FL 33138

City, State & Zip

305-216-7717

Daytime Telephone number

rmy24@hotmail.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: Appraisal Pro Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16211 NE 18th Avenue

Suite 224

North Miami Beach, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transact business in the State of Florida, primarily to perform
real estate appraisals.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RM Yeshua, President

Name and Title: Ivan A Schertzer, Vice-President

Address 1000 Quayside Terrace

Address: 1000 Quayside Terrace

Apt 1801

Apt 1801

Miami, FL 33138

Miami, FL 33138

Name and Title: Nicholas Juver, Treasurer

Name and Title: Ariel Juver, co-Treasurer

Address 2171 Nova Village Drive

Address: 2600 NE 135th Street

Davie, FL 33317

Apt 3-E

North Miami, FL 33181

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
97 OCT 10 AM 9:13
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/97 BY SP-6
JAL/MLA/STP/FL/IDA

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: R Maggie Yeshua _____

Address: 1000 Quayside Terrace #1801 _____

Miami, FL 33138 _____

ARTICLE VII INCORPORATOR

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

Name: R Maggie Yeshua _____

Address: 1000 Quayside Terrace #1801 _____

Miami, FL 33138 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/4/2017 (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

10/4/2017

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

10/4/2017

Date

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17 OCT 10 AM 9:13
MILLER COUNTY CLERK