

Nov. 16 2017

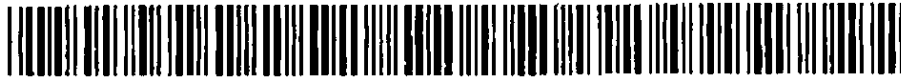
5483

P17 000 092 105

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.

(((H17000303138 3)))



H170003031383ABC-

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 : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

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

Email Address: BARORASAF@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ASAF BAROR, PA

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

H170003031383

NOV 17 2017

H170003031383

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: ASAF BAROR, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

402 MAXWELL PL

SAME

INDIAN ROCKA BEACH, FL 33785

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A LICENSED REAL ESTATE AGENT.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ASAF BAROR PST

Name and Title:

Address 402 MAXWELL PL

Address:

INDIAN ROCKA BEACH, FL 33785

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H170003031383

H170003031383

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: DAVID C HASTINGS CPA
 Address: 2207 54TH ST S
 GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

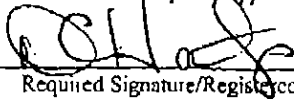
Name: DAVID C HASTINGS CPA
 Address: 2207 54TH ST S
 GULFPORT, FL 33707

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

11/16/17

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

11/16/17

Date

H170003031383