

P18000019409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

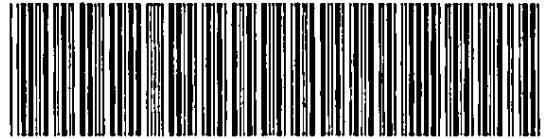
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T. SCOTT



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WASHINGTON, DC

COVER LETTER

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

SUBJECT: Nancy Cortez, P.A. REALTOR, Home Stager, P.A.
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Nancy Cortez
Name (Printed or typed)

518 N. Halifax Dr.

Address

Ormond Beach, FL 32176

City, State & Zip

386-299-8544

Daytime Telephone number

NancyCortez@adamsCameron.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2018

NANCY CORTEZ
518 N. HALIFAX DR.
ORMOND BEACH, FL 32176

SUBJECT: NANCY CORTEZ REALTOR, HOME STAGER, P.A.
Ref. Number: W18000012389

We have received your document for NANCY CORTEZ REALTOR, HOME STAGER, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 618A00002629

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:

Nancy Cortez, ~~PA~~ REALTOR, Home Sta
P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

518 N. Halifax Dr.

Ormond Beach, FL 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Corporation is to ~~do~~
conduct any legal business in the state of
Florida, that is related to Real Estate Sales.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Nancy Cortez, President

Name and Title:

Address

518 N. Halifax Dr.

Address:

Ormond Beach, FL

32176

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

18 FEB 28 AM 9:16
FILED
CLERK OF DISTRICT COURT
JAN 16 2016

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 Ferguson
Address: 10 Vining Court
Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Cortez
Address: 518 N. Halifax Dr.
Ormond Beach, FL 32176

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
1/15/18
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
1/15/18
Date