(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

JUN = 4 2018 T. SCOTT



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Attention: Florida Department of State, Division of Corporations

From: Ron Osteen

Please be advised that I am the owner of the corporation name "Ron Osteen, P.A." (document number: P16000083206), I never did use it nor conduct any business whatsoever, and the corporation has been inactive and had dissolution in 2017. Status quo has not changed.

I am hereby releasing the name to be used to form a new corporation of the same name.

Thank you very much for updating this.

Sincerely,

Ron Osteen

5961 SW 83 Street

Miami, FL 33143

305-305-5000

## **COVER LETTER**

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

SUBJECT: Ro	on Oste	een, P.A.			
		(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UĎE SÚFFIX)	
Enclosed are an	origi	nal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
S70.6 Filing F		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate o Status	
			ADDITIONAL CO	TI KEQUIKED	
FROM	Ron	Osteen			
		Nam	e (Printed or typed)		
	5961	SW 83 Street			
			Address		
	Miar	mi, FL 33143			
	City. State & Zip				
	305-	305-5000			
	Daytime Telephone number				
	Brok	erOsteen@gmail.com			
		E-mail address: (to be use	d for future annual report i	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 corporat	ion shall be:	·	
ARTICLE II PRINC, 5961 SW 83 Street, Mia	Principal street address		Mailing address, if different is:
ARTICLE III PURPO The purpose for which th	SE The Corporation is organized is:	ration shall engage	in the practice of Real Estate sales.
			AHAS
			ma fra:
	L OFFICERS AND/OR DIRECTORS		
Name and Title Address	Ron Osteen, President 5961 SW 83 Street, Miami, FL 33143	Name and Title Address:	Ron Osteen, Secretary 5961 SW 83 Street, Miami, FL 33143
Name and Title:		Name and Title	:
Address	5961 SW 83 Street, Miami, FL 33143	Address:	
		Name and Title	·
Address			

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
	<del>.</del>	<del></del>	
ARTICI F VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Ron Osteen	<del></del>	
Address:	5961 SW 83 Street, Miami, FL 33143		
		_	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Ron Osteen		
Address:	5961 SW 83 Street, Miami, FL 33143		
		<del></del>	
		_	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if ( <b>If an effective</b> (	other than the date of filing:  date is listed, the date must be specific and can	. (OPTIONAL)	ior or 90 days after the
filing.)			
	e inserted in this block does not meet the applicab		this date will not be listed as
the document's e	effective date on the Department of State's record		
	med as registered agent to accept service of proce		
this certificate, I	am familiar with and accept the appointment as r	egistered agent and agree to ac	· · · · ·
	Required Signature/Registered Agent	<u> </u>	5/21/18
			Date
	cument and affirm that the facts stated herein as Department of State constitutes a third degree felo		
4	Can OHOOS	, ,	5/21/18 Date
Requ	ired Signature/Incorporator		Date