

P18000062607

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

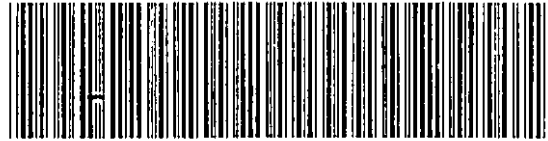
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W1800060580

JUL 18 2018

T. SCOTT



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06/28/18--01006--020 **78.75

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2018 JUL 18 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2018

GARY REALE
9421 EDEN MANOR
PARKLAND, FL 33076

SUBJECT: FLORIDA APPRAISERS GROUP, INC.
Ref. Number: W18000060580

RECEIVED
2018 JUL 18 PM 2:10
REGISTRATION
SERVICES

We have received your document for FLORIDA APPRAISERS GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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: 418A00013628

COVER LETTER

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

SUBJECT: FLORIDA APPRAISERS 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
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: GARY REALE
Name (Printed or typed)
9421 EDEN MANOR
Address
PARKLAND, FLORIDA 33076
City, State & Zip
954-439-3269
Daytime Telephone number
TMREALE@YAHOO.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 FLORIDA APPRAISERS GROUP, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9421 EDEN MANOR

PARKLAND, FLORIDA 33076

ARTICLE III PURPOSE

Valuation of Real Estate

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: ~~100~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Reale

Name and Title: President

Address 9421 Eden Manor

Address:

Parkland, FL 33076

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: GARY Reale

Address: 9421 Eden Manor

Parkland, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary Reale

Address: 9421 Eden Manor

Parkland, FL 33076

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

[Signature]
Required Signature/Registered Agent

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.

[Signature]
Required Signature/Incorporator

06/22/18
Date