

P18000065270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

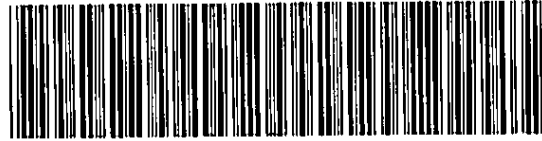
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JUL 27 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 30 2018

K. Brumbley

## COVER LETTER

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

SUBJECT: KIM A ARASIMOWICZ, PA  
(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: KIM A ARASIMOWICZ  
Name (Printed or typed)

5611 GOETZ DRIVE  
Address

FORT MYERS, FL 33919  
City, State & Zip

239-214-1039  
Daytime Telephone number

KIM@MOVINGSWFL.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**

KIM A ARASIMOWICZ PA  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5611 GOETZ DRIVE

FORT MYERS, FL 33919

Mailing address, if different is: \_\_\_\_\_

SAME

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS PERTAINING TO  
The purpose for which the corporation is organized is: \_\_\_\_\_  
REAL ESTATE AGENT ACTIVITIES

**ARTICLE IV SHARES**

The number of shares of stock is: \_\_\_\_\_

10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KIM A ARASIMOWICZ - PTSD

Name and Title: \_\_\_\_\_

Address 5611 GOETZ DRIVE

Address: \_\_\_\_\_

FORT MYERS, FL 33919

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2018 JUL 27 AM 9:07  
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: KIM A ARASIMOWICZ

Address: 5611 GOETZ DRIVE

FORT MYERS, FL 33919

**ARTICLE VII INCORPORATOR**

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

Name: KIM A ARASIMOWICZ

Address: 5611 GOETZ DRIVE

FORT MYERS, FL 33919

**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

7-19-18  
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

7-19-18  
Date

July 19, 2018

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Reference: kim a arasimowicz, pa document number: P16000069733

Dear Department:

It has come to my attention that my corporation Kim A Arasimowicz, PA florida document number 16000069733 has become dissolved. As the owner of this corporation, I am asking the state to release my florida document number P16000069733 at this time.

I am further enclosing new articles that I am asking the state to file on my behalf.

Thanking you for your assistance with these matters.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kim A Arasimowicz', with a stylized, cursive script.

Kim A Arasimowicz

President