

P180000067244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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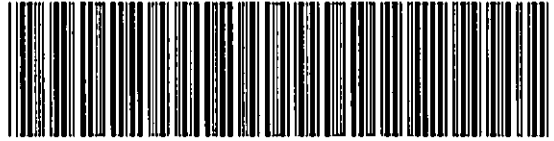
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG -3 PM 3:29
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: OLIVIA CASPER, 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: OLIVIA CASPER
Name (Printed or typed)

1760 E. ASCOTT CIRCLE
Address

JUNO BEACH FL 33408
City, State & Zip

561-768-6207
Daytime Telephone number

casper.olivia@outlook.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

The name of the corporation shall be: OLIVIA CASPER, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1760 E ASCOTT CIRCLE

Mailing address, if different is:

JUNO BEACH, FL 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE SERVICES AS

A REAL ESTATE PROFESSIONAL

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLIVIA CASPER, President Name and Title: _____

Address 1760 E ASCOTT CIRCLE Address: _____

JUNO BEACH, FL 33408

Name and Title: OLIVIA CASPER, TREASURER Name and Title: _____

Address 1760 E ASCOTT CIRCLE Address: _____

JUNO BEACH, FL 33408

Name and Title: OLIVIA CASPER, SECRETARY Name and Title: _____

Address 1760 E ASCOTT CIRCLE Address: _____

JUNO BEACH, FL 33408

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG -3 PM 3:29
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: OLIVIA CASPER
Address: 1760 E. ASCOTT CIRCLE
DUNN BEACH, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OLIVIA CASPER
Address: 1760 E. ASCOTT CIRCLE
DUNN BEACH, FL 33408

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

Olivia Casper
Required Signature/Registered Agent

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.

Olivia Casper
Required Signature/Incorporator

8/1/2018
Date
AUG 3 3:29
STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION