

Dec. 14. 2018 2:50 PM

No. 6621 Page 1 of 2

P18000101236

Florida Department of State
Division of Corporations
Electronic Filing for the State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000355189 3)))



H180003551893ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RANDEE.CARL@M2.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

RANDEE YVONNE CARL, PA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
18 DEC 14 PM 7:33

Electronic Filing Menu

Corporate Filing Menu

Help

Dec. 14. 2010 2:50PM

H180003551893

No. 6621 P. 2

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: RANDEE YVONNE CARL, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

8663 MAIDSTONE CT

SEMINOLE, FL 33777

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A LICENSED REAL ESTATE BROKER
AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RANDEE Y CARL, PST

Name and Title: _____

Address 8663 MAIDSTONE CT

Address: _____

SEMINOLE, FL 33777

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

18 DEC 14 PM 7:34

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

H180003551893

Dec. 14. 2018 2:50PM

H180003551893

No. 6621 P. 3

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 C HASTINGS, CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID CHASTINGS
Address: 2207 54TH ST S
GULFPORT, FL 33707

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 DEC 14 PM 7:34


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

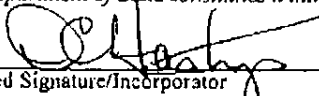


Required Signature/Registered Agent

12/14/2018

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

12/14/2018

Date

H180003551893