

P19000008580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

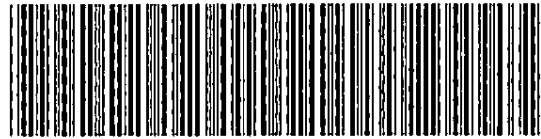
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 JAN 30 PM 12:48

2019 JAN 30 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2019

Brumpley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ELLIE IGNELZI PA

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- ☒ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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sted by: BA

1/29/19

Date

Time

n

Will Pick Up

COVER LETTER

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

SUBJECT: KELLIE IGNELZI 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: JIM CHILDS' TAX SERVICE INC

Name (Printed or typed)

500 VIRGINIA AVE STE 202

Address

PORT SAINT LUCIE, FL 34952

City, State & Zip

772-460-6786

Daytime Telephone number

kellie@paradisehomesfl.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: KELLIE IGNELZI PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1253 SE PALM BEACH ROAD

PORT SAINT LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY AND ALL LAWFUL PRACTICES
OF REAL ESTATE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KELLIE IGNELZI PRESIDENT

Address 1253 SE PALM BEACH ROAD

PORT SAINT LUCIE, FL 34952

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: KELLIE IGNELZI

Address: 1253 SE PALM BEACH ROAD

PORT SAINT LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KELLIE IGNELZI

Address: 1253 SE PALM BEACH ROAD

PORT SAINT LUCIE, FL 34952

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.

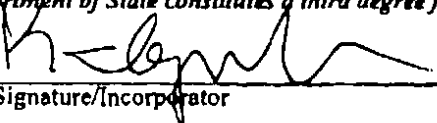
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/29/19
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

1/29/19
Date