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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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# **COVER LETTER**

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

SUBJECT:		WALSKI	P.A.
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	FATIMA PU Name	. (	
	1307 PLum	108A DK. Address	
	FORT MYER	$\frac{S}{S}$ State & Zip	3901
	5/6 209- Daytime T	6821	
E	ATIMA PUWALS E-mail address: to be use	Ki C VAIH	oo.com

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 II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
1307 PLUMOSA BR.	SAME
FORT MYERS F.L. 33901	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	REALTOR
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title:	Address:  Name and Title:
Name and Title:	Name and Title:

Name and	Title:	Name and Title:	<del></del>
Address		Address:	
		_	
	PEGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	FATIMA PUWALSKI	_ ~	
Address:	1307 PLUMOSA DR.		
	FORT MYERS F.L. 3390	_(.	
ARTICLE VII - I.	<u>NCORPORATOR</u>		PHLET 19 FEB 27 PM 4: 39 BUNLIAN PALORDA
	<u>dress</u> of the Incorporator is:		F II
Name:	FATIMA PUWALSKI 1307 PLYMOSA DR.	<del></del>	F 7
Address:	1307 PLYMOSA DR.	_	CONT. CO
	FORT MYERS F.L. 33	<u>7</u> 01	<b>36 36</b>
Effective date, if o	EFFECTIVE DATE: other than the date of filing: ite is listed, the date must be specific and cann		
	inserted in this block does not meet the applicable fective date on the Department of State's records		s, this date will not be listed as
this certifica <b>se. I</b> a.	ed as registered agent to accept service of proce m familiar with and accept the appointment as re 	ss for the above stated corpo egistered agent and agree to a	ration at the place designated in act in this capacity
Posts	— /wwalsh  Required Signature/Registered Agent		02-14-2019
	Required Signature/Registered Agent		Date
I submit this docu document to the D	iment and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the j my as provided for in s.817,1.	false information submitted in a 55, F.S.
- Fatin	ed Signature/Incorporator		02-14-2019 Date
Requir	ed Signature/Incorporator		Date

# **COVER LETTER**

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

SUBJECT:	FATIMA PUL	UALSKÍ TENAME- <u>MUSTINCL</u>	P.A.
	(PRÓPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	eles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	FATIMA PU	WALSKi (Printed or typed)	
	1307 PLUM	OSA DR.	
	FORT MYERS	S F. L. 3. State & Zip	3901
	5/6 209- Daytime To	6821	
E	ATIMA PUWALS	Ki C VAH	00.Com

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)

The name of the corporation shall be:	FATIMA PUWALSKI	<u> P.A.                                   </u>
ARTICLE II PRINCIPAL OFFICE Principal street ad-	dress Mai	iling address, if different is:
1307 PLUMOSA 1	<u> </u>	SAME
FORT MYERS FL. 339	901	<del> </del>
ARTICLE III PURPOSE The purpose for which the corporation is or	rganized is: <u>ReALTOR</u> .	
ARTICLE IV SHARES The number of shares of stock is:	D/OR DIRECTORS	
Name and Title:	Name and Title:	19 F
Address	N/A Address:	TEB 27
	Name and Title:	: 39 CRIDA
	·	
<del></del>		
Name and Title:	Name and Title:	
Address	Address:	, , , , , , , , , , , , , , , , , , ,

Name and Titl	e:	Name and Title:	<del></del>
Address		Address:	
		<del></del>	
ARTICLE VI REGI			
	street address (P.O. Box NOT acceptable)		
Name:	FATIMA PUWALSKI	_	
Address:	1307 PLUMOSA DR	_	
Eo	RT MYERS F.L. 3390	1	
ARTICLE VII INCO	<u>PRPORATOR</u>		19 IAL
The name and address	of the Incorporator is:		FEB
Name:	FATIMA PUWALSKI	_	FEB 27 19 FEB 27 Scurcificati All Aliasse
Address:	FATIMA PUWALSKI 1307 PLUMOSA DR.	_	PH I
,	FORT MYERS F.L. 339	<u>7</u> 01	FILEE 19 FEB 27 PM 4: 40 SCURLLANT OF STAIL ALLAHASSEE, FLORIDA
ARTICLE VIII EFF	ECTIVE DATE:		
Effective date, if other (If an effective date is filing.)	than the date of filing: listed, the date must be specific and cann	ot be more than five days pr	ior or 90 days after the
	ted in this block does not meet the applicable te date on the Department of State's records.		this date will not be listed as
this certificate, I am fa	s registered agent to accept service of proces miliar with and accept the appointment as re	gistered agent and agree to ac	ation at the place designated in t in this capacity
Patin	Required Signature/Registered Agent		02-14-2019
	Required Signature/Registered Agent	<del></del>	<u>02-14-2019</u> Date
	t and affirm that the facts stated herein are tment of State constitutes a third degree felo		
_ Katin	Puwalsti		02-14-2019
Required S	gnature/Incorporator		Date