

P19000020501

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
GULCIN MORELLO, P.A.

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

TS 3/12/19

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: GULCIN MORELLO, P.A.ARTICLE II PRINCIPAL OFFICEPrincipal street address
520 BRICKELL KEY DR.

Mailing address, if different is:

SAME

A1619

MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REALTOR ASSOCIATES

ARTICLE IV SHARESThe number of shares of stock is SHARES: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: GULCIN MORELLO (P/S/D)

Name and Title: _____

Address: 520 BRICKELL KEY DR.

Address: _____

#A1619

MIAMI, FL 33131

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GULCIN MORELLO
Address: 520 BRICKELL KEY DR. #A1619
MIAMI, FL 33131

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name: GULCIN MORELLO
Address: 520 BRICKELL KEY DR. #A1619
MIAMI, FL 33131

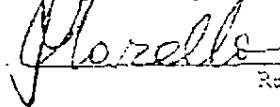
ARTICLE VIII EFFECTIVE DATE:

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

03/8/2019

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

03/8/2019

Date