

P19000088947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

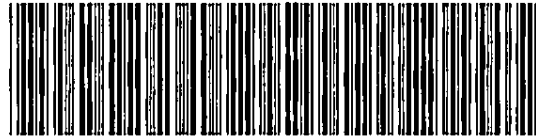
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800336710848

11/15/19--01016--USD **87.50

2019 NOV 15 AM 11:41
SECRETARY OF STATE
MAIL ROOM
TALLAHASSEE, FL

FILED

NOV 15 2019

COVER LETTER

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

SUBJECT: Raymond Straub 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Raymond Straub
Name (Printed or typed)

900 SW 5th Street
Address

Boca Raton, FL 33486
City, State & Zip

561-391-1411
Daytime Telephone number

ray@firealestatepros.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

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

2019 NOV 15 AM 11:41

ARTICLE I NAME

The name of the corporation shall be: Raymond Straub PA

SECRET
STATE
FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

900 SW 5th Street

Boca Raton, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit (Real Estate Sales)

ARTICLE IV SHARES

The number of shares of stock is: 100 (One Hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Straub

Name and Title: _____

Address 900 SW 5th Street

Address: _____

Boca Raton, FL 33486

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 AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Raymond Straub

Address: 900 SW 5th Street

Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Raymond Straub

Address: 900 SW 5th Street

Boca Raton, FL 33486

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

✓ Raymond Straub
Required Signature/Registered Agent

✓ 11/9/19
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.

✓ Raymond Straub
Required Signature/Incorporator

✓ 11/9/19
Date

FILED
2019 NOV 15 AM 11:41
STATE
FL