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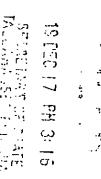
(Re	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT:	Carola Lueder P.A.			
	(PROPOSED CORPORA	YTE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	
🛚 \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
			<u> </u>	
FROM:	OM: Carola Luder Name (Printed or typed)			
	2637 E. Atlantic I	Blvd. Ste 170 Address	 	
	Pompano Beach, I City	L 33062 . State & Zip		
	954-663-8266 Daytime 1	Celephone number		
	carola.rebroker@ E-mail address: (to be use	gmail.com d for future annual report i	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 1 NAME The name of the corporati	on shall be: Carola Lueder P.A.		
	Principal <u>street</u> address Ste. 170		ng address, if different is:
<u>ARTICLE III PURPO</u>	SE ne corporation is organized is:		
THE PURPOSE FOR	WHICH THIS CORPORATION IS O	ORGANIZED ARE TO ENC	TAGE IN REAL ESTATE SALES
ACTIVITIES PERMI	ITTED UNDER THE LAWS OF THE	EU.S. AND THE REAL ES	TATE LAWS UNDER
CHAPTER 475 OF T	HE STATE OF FLORIDA		
ARTICLE IV SHARE. The number of shares of s	tock is: 0		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title:	Carola Lueder/ CEO	Name and Title:	
Address	2637 E. Atlantic Blvd. Ste 170	Address:	
	Pompano Beach, FL 33062		
			
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	

Name ar	nd Title:	Name and Title:
Addres	S	Address:
ARTICLE VI The name and F	REGISTERED AGENT horida street address (P.O. Box NOT acceptable) (of the registered agent is:
Name:	Carola Lueder	
Address:	2637 E. Atlantic Blvd. Ste. 170	_
	Pompano Beach, FL 33062	_
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	Carola Lucder	_
Address:	2637 E. Atlantic Blvd. Ste. 170	_
	Pompano Beach, FL 33062	~
Effective date, if a (If an effective diffing.)	ate is listed, the date must be specific and canno	. (OPTIONAL) ot be more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nam certificate, I am fa	ed as registered agent to accept service of process fi miliar with and accept the appointment as register	or the above stated corporation at the place designated in this red agent and agree to act in this capacity
	mot full	
	Required Signature/Registered Agent	Dato
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon;	true. I am aware that the false information submitted in a yas provided for in s.817.155, F.S.
Required Signatur	July July	
		Date