

P20000048196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

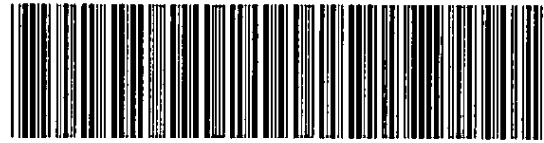
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/20--01042--003 **87.50

2020 JUN 15 AM 10:07
TALLAHASSEE FL 32310

COVER LETTER

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

SUBJECT: Pretty Home Mortgages, Inc.
(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: Kelli fusaro
Name (Printed or typed)

1220 SW Paradise Cove
Address

Port St Lucie FL 34986
City, State & Zip

484-769-5250
Daytime Telephone number

Kelli.fusaro@gmail.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: Pretty Home Mortgages, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1220 SW Paradise Cove
Port St Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Investments

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Keili fusaro, President	Name and Title:	Keili fusaro, Secretary
Address	1220 SW Paradise Cove Port St Lucie FL 34986	Address:	1220 SW Paradise Cove Port St Lucie FL 34986

Name and Title:	Alanna fusaro, Treasurer	Name and Title:	Dante fusaro, Vice President
Address	649 Rose Ave. Venice, CA 90291	Address:	11 Cooper St. Camden NJ 08102

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: Kelli Fusaro
Address: 1220 SW Paradise Cove
Port St Lucie FL 34986

ARTICLE VII INCORPORATOR

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

Name: Kelli Fusaro
Address: 1220 SW Paradise Cove
Port St Lucie FL 34986

FILED
JUN 15 AM 10:08
PORT ST LUCIE

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

Kelli Fusaro
Required Signature/Registered Agent

6-2-20
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.

Kelli Fusaro
Required Signature/Incorporator

6-2-20
Date

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Name and Title:	<u>Alanna fusaro, Treasurer</u>	Name and Title:	<u>Dante fusaro, ^{Vice} President</u>
Address	<u>649 Rose Ave Venice, CA 90291</u>	Address:	<u>11 Cooper St. Camden NJ 08102</u>

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

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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