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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

EDWARD FAHNER P.A.

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

Electronic Filing Menu Corporate Filing Menu Help

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: EDWARD FAHNER P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4947 NORTHSHORE DRIVE

POLK CITY FL 33868

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHS OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD FAHNER - DIRECTOR

Address 4947 NORTHSHORE DRIVE

POLK CITY FL 33868

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2020 SEP 22 PM 3:31

STATE

(cont'd)

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: PAUL MARTINEZ CPA MST

Address: 12745 SW 62 TER

MIAMI FL 33183

ARTICLE VII INCORPORATOR

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

Name: EDWARD FAHNER

Address: 4947 NORTHSHORE DRIVE

POLK CITY FL 33868

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

_____ 9-21-2020

Required Signature/Registered Agent 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.

_____ 9-21-2020

Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FL