

P21000010685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

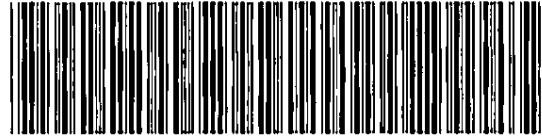
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Bree Farrugia & Associates, P.A.

(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: Maud Poudat

Name (Printed or typed)

1303 N. Orange Avenue

Address

Orlando, Florida 32804

City, State & Zip

(407) 674-6968

Daytime Telephone number

maud@vpimmigration.com

E-mail address: (to be used for future annual report notification)

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

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: Vazquez & Poudat, PLLC
Address: 1303 N. Orange Avenue
Orlando, FL 32804

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bree Louise Farrugia
Address: 1660 S. TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/04/2021. (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 02/04/21
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 Date 02/04/21

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: Bree Farrugia & Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1660 S. TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

Mailing address, if different is:
1660 S. TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE LEGAL ADVICE ON AUSTRALIAN LAW AS A FOREIGN LEGAL CONSULTANT CERTIFIED BY THE FLORIDA BAR.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bree Louise Farrugia, President Name and Title: _____

Address 1660 S. TREASURE DRIVE Address: _____
NORTH BAY VILLAGE, FL _____
33141 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____