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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.  
Account Number : 120170000034  
Phone : (239)689-1096  
Fax Number : (239)791-8132

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

Email Address: legai@your-advocates.org

FLORIDA PROFIT/NON PROFIT CORPORATION  
2809507 Ontario, Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

J. FASON

MAR 15 2021

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March 11, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

POWELL JACKMAN STEVENS & RICCIARDI P.A.

SUBJECT: 2809507 ONTARIO, INC  
REF: W21000033026

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H21000073182  
Letter Number: 521A00005150

**COVER LETTER**

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

**SUBJECT:** 2809507 Ontario, 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      ☐ \$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:** RITA JACKMAN  
Name (Printed or typed)

12381 S. CLEVELAND AVE STE 200  
Address

FORT MYERS, FL 33907  
City, State & Zip

239-689-1096  
Daytime Telephone number

LEGAL@YOUR-ADVOCATES.ORG  
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: 2809507 ONTARIO, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
10531 VIA TORINO WAY  
MIRIMAR LAKES, FL 33913

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DANIEL COLLISAddress: 10531 VIA TORINO WAY  
MIRIMAR LAKES, FL 33913Name and Title: LENORE TORRIERI-COLLISAddress: 10531 VIA TORINO WAY  
MIRIMAR LAKES, FL 33913

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

2021 MAR 12 AM 8:14

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: RITA JACKMANAddress: 12381 S. CLEVELAND AVE STE 200  
FORT MYERS, FL 33907**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: RITA JACKMANAddress: 12381 S. CLEVELAND AVE STE 200  
FORT MYERS, FL 33907

2021 MAR 12 AM 8:14

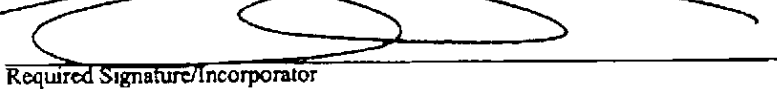
**ARTICLE VIII EFFECTIVE DATE:**

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*  
\_\_\_\_\_  
Required Signature/Registered Agent02/17/2021

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/Incorporator02/17/2021

Date