

P21 0000 60055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

05/28/21 - 01002--010 *87.50

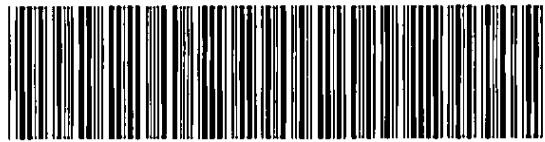
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

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**REGISTRATION OF TRADE
MARKS
U.S. PATENT & TRADE
MARK OFFICE
U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D.C. 20591**

MIAMI, FLORIDA

[Handwritten signature]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ERIC REIKENIS PA

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

ED

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COVER LETTER

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

ERIC REIKENIS PA
SUBJECT: _____
(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 & Certificate of
 Status Status
ADDITIONAL COPY REQUIRED

ERIC REIKENIS
FROM: _____
Name (Printed or typed)

308 SW NORTH SHORE BLVD

Address

PORT ST LUCIE, FL 34986

City, State & Zip

Daytime Telephone number

eric@portstluciehomesonline.com

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

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

2021 JUN 25 PM 12:35
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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: ERIC REIKENIS PA

ARTICLE II PRINCIPAL OFFICE
Principal street address
308 SW NORTH SHORE BLVD
PORT ST LUCIE, FL 34986

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO ENGAGE IN ANY AND ALL LAWFUL PRACTICES OF
REAL ESTATE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ERIC REIKENIS</u>	Name and Title:	<u>LORENA REIKENIS</u>
Address:	<u>308 SW NORTH SHORE BLVD</u>	Address:	<u>308 SW NORTH SHORE BLVD</u>
	<u>PORT ST LUCIE, FL 34986</u>		<u>PORT ST LUCIE, FL 34986</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: ERIC REIKENIS

Address: 308 SW NORTH SHORE BLVD

PORT ST LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIC REIKENIS

Address: 308 SW NORTH SHORE BLVD

PORT ST LUCIE, FL 34986

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FLORIDA
STATE
AGENCY
FILED

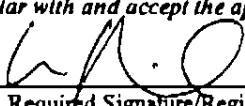
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

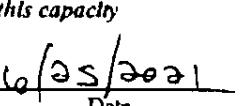
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

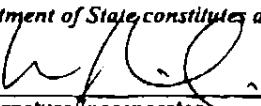


Required Signature/Registered Agent

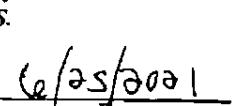


Date

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.



Required Signature/Incorporator



Date