

P21000101272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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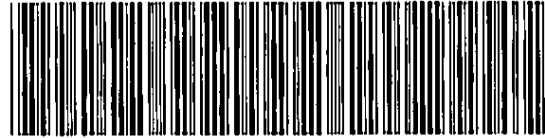
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

LUIZ FONSECA 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
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Fictitious Owner Search
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COVER LETTER

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

SUBJECT: LUIZ FONSECA PA

(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: LUIZ FONSECA

Name (Printed or typed)

846 NW LEONARDO CIR

Address

PORT ST LUCIE, FL 34986

City, State & Zip

772-877-1312

Daytime Telephone number

GUS@FONSECAHOMETEAM.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: LUIZ FONSECA PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

846 NW LEONARDO CIR
PORT ST LUCIE, FL 34986

Mailing address, if different is:

846 NW LEONARDO CIR
PORT ST LUCIE, FL 34986

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: LUIZ FONSECA PRESIDENT

Name and Title: _____

Address 846 NW LEONARDO CIR

Address: _____

PORT ST LUCIE, FL 34986

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DEC 13 PM 9:40
STATE
FL

FILED

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: LUIZ FONSECA

Address: 846 NW LEONARDO CIR

PORT ST LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIZ FONSECA

Address: 846 NW LEONARDO CIR

PORT ST LUCIE, FL 34986

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

Luiz Fonseca
Required Signature/Registered Agent

12/03/21
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.

Luiz Fonseca
Required Signature/Incorporator

12/03/21
Date

2021 DEC -3 AM 9:40
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 11TH JUDICIAL CIRCUIT
IN FLORIDA
PORT ST LUCIE, FLORIDA