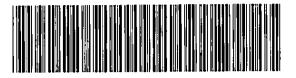
P220000 11505

((Requestor's Name)		
	(Address)		
((Address)		
	(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of :	Status	
Special Instructions to Filing Officer:			

Office Use Only



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CAPITAL CONNECTION, INC.

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

CATHERINE L BALTOS PA			
<u> </u>			
			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
		$\overline{\prec}$	Cert. Copy
			Photo Copy
		7	Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Ficitious Owner Search
- 5			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
Name Date	Time		UCC 11 Search
name Date	, iiiic		UCC 11 Retrieval
Walk-In Will Pick Up	·		Courier

COVER LETTER

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

SUBJECT: _ CATI	HERINE L BALTOS PA		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	i a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
from: <u>C</u>	ATHERINE L BALTOS	e (Printed or typed)	
480	D4 PALMETTO DR	e (Finited of types)	
		Address	
FC	RT PIERCE, FL 34982	, State & Zip	
318	5-273-2146 Daytime 2	Felephone number	
	·		
	E-mail address: (to be use	d for future annual report r	otification)

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	ion shall be: CATHERINE L BALTOS	SPA			
ARTICLE II PRINCIPAL OFFICE Principal street address		M 4804 PAI	Mailing address, if different is:		
FORT PIERCE, FL)R	FORT PI	METTO DR ERCE, FL 34982		
ARTICLE III PURPO The purpose for which the	DSE he corporation is organized is: TO ENGA	AGE IN ANY A	ND ALL LAWFUL PRACTICE		
OF REAL ESTAT	<u> </u>				
			33 . 2		
ARTICLE IV SHARE The number of shares of	E <u>S</u> stock is: 100		022 SEC		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		5		
Name and Title	CATHERINE L BALTOS PRES	Name and Title:_	<i>y</i> • 1		
Address	4804 PALMETTO DR	Address: _	<u> </u>		
	FORT PIERCE, FL 34982		288		
		<u>-</u>			
Name and Title:		Name and Title:_			
Address		_ Address:			
Name and Title:		Name and Title:			
Address					
,		. <u>-</u>			

Name and T	itle:	_ Name and Title:	
Address		Address:	
	<u>GISTERED AGENT</u> da street address (P.O. Box NOT acceptable) c	of the registered agent is:	
Name:	CATHERINE L BALTOS	_	
Address:	4804 PALMETTO DR	 -	
<u> </u>	FORT PIERCE, FL 34982	_	
ARTICLE VII IN	CORDORATOR		
	ess of the Incorporator is: CATHERINE L BALTOS		
Name:		_	
Address:	4804 PALMETTO DR	_	
	FORT PIERCE, FL 34982	_	
ARTICLE VIII _EI	FFECTIVE DATE:		
Effective date, if oth	or than the date of filing:	(OPTIONAL)	
filing.)	is listed, the date must be specific and cann	iot be more than live days prior or 90 c	lays after the
	erted in this block does not meet the applicabl		will not be listed as
the document's effec	ctive date on the Department of State's records	;.	
	as registered agent to accept service of process (llar with and accept file appointment as registe		
Cathon	in I Balton	21	16/22
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are ariment of State constitutes a third degree felo.		ation submitted in a
softin.	A Re A	() as provided for in 3.01 (115), 1 (3.	11/00
Required Signature/	Incorporator		19/22

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