

P22 0000 40638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

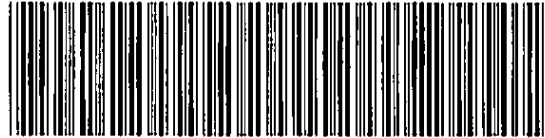
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2022 MAY 24 PM 2:14

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 24 PM 3:08

CAPITAL CONNECTION, INC.

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

ANGELA MARIE DUNAGAN PA

- 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 _____

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TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

Signature _____

Requested by: SETH 05/24/22

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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: ANGELA MARIE DUNAGAN PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4175 SW ELBA ST
PORT ST LUCIE, FL 34953

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: ANGELA MARIE DUNAGAN PRESID.

Name and Title: _____

Address 4175 SW ELBA ST
PORT ST LUCIE, FL 34953

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA
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: ANGELA MARIE DUNAGAN
 Address: 4175 SW ELBA ST
PORT ST LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELA MARIE DUNAGAN
 Address: 4175 SW ELBA ST
PORT ST LUCIE, FL 34953

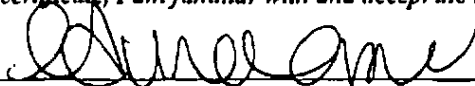
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 DIVISION OF CORPORATIONS
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ARTICLE VIII EFFECTIVE DATE:

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.)

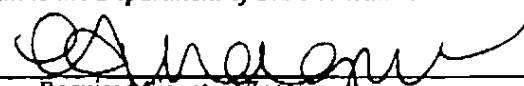
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/24/22
 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

5/24/22
 Date