

P22000040923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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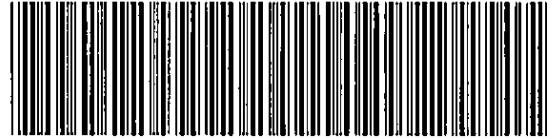
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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2021 MAY 24 PM 6:06
DIVISION OF CORPORATIONS
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

NIKKI REIFSCHNEIDER PA

Signature

Requested by: SETH

05/24/22

Name

Date

Time

Walk-In

Will Pick Up

174 Ponder's Printing • Tallahassee, FL 32301

☐ Art of Inc. File _____
☐ LTD Partnership File _____
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☐ Certificate of Good Standing _____
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☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
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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: NIKKI REIFSCHNEIDER 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: NIKKI REIFSCHNEIDER PA

Name (Printed or typed)

1800 VIA ROYALE APT 1811

Address

JUPITER, FL 33458

City, State & Zip

724-448-3662

Daytime Telephone number

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

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

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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: NIKKI REIFSCHNEIDER PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
1800 VIA ROYALE APT 1811

JUPITER, FL 33458

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: NIKKI REIFSCHNEIDER PRESIDENT

Address 1800 VIA ROYALE APT 1811

JUPITER, FL 33458

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: NIKKI REIFSCHNEIDER

Address: 1800 VIA ROYALE APT 1811

JUPITER, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NIKKI REIFSCHNEIDER

Address: 1800 VIA ROYALE APT 1811

JUPITER, FL 33458

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

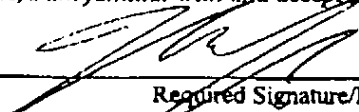
ARTICLE VIII EFFECTIVE DATE:

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

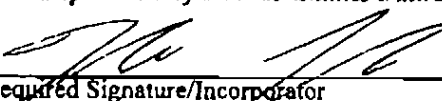


Required Signature/Registered Agent

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