

(Requestor's Name)					
(Address)					
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(Ci	ty/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					

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T. SCOTT

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April 5, 2022

LISA TARRIN ALIFF, P.A. 1015 W. BROOME ST. LANTANA, FL 33462

SUBJECT: LISA TARRIN ALIFF, P.A.

Ref. Number: W22000044699

We have received your document for LISA TARRIN ALIFF, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Shares are whole numbers only.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

Letter Number: 022A00007887

## **COVER LETTER**

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

SUBJECT:	LISA TARRIN ALIFF, PA				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:		
□ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	LISA TARRIN ALIF				
Name (Printed or typed)					
	1015 W. BROOME ST.				
		Address			

LANTANA. FL 33462

561-315-7780

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

City, State & Zip

Daytime Telephone number

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

TARRINALIFF@GMAIL.COM

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ICLE II — PRIN</u>	CHALOTTICE		
<del></del>	Principal street address		g address, if different is:
	ST		
ANTANA, FL 334	162	<del></del>	<del></del>
<u> </u>			•
CLE III PURP	<u>OSE</u> the corporation is organized is: <u>FL</u>	ORIDA REAL ESTATE LICE	NSED SALES AGENT
urpose for which	the corporation is organized is.		
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Name an	d Title:	Name and Title:		
Address		Address:	Address:	
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	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	LISA TARRIN ALIFF			
Address:	1015 W. BROOME ST.			
	LANTANA, FL 33462	<del></del>		
ARTICLE VII	<u>INCORPORATOR</u>			
	dress of the Incorporator is:			
Name:	LISA TARRIN ALIFF			
Address:	1015 W. BROOME ST			
	LANTANA, FL 33462	<u>.</u>		
ADTIGE DAME				
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTION	JAL)	
(If an effective datifiling.)	ate is listed, the date must be specific and	cannot be more than five da	ys prior or 90 days after the	
	inserted in this block does not meet the app fective date on the Department of State's re		nents, this date will not be listed as	
	ed as registered agent to accept service of pro miliar with and accept the appointment as r			
1				
	Required Signature/Registered Age	nt	Date	
I submit this docu	ument and affirm that the facts stated here	in are true. I am aware that to	he false information submitted in a	
document to the D	Department of State constitutes a third degre	e felony as provided for in s.817	7.155, F.S.	
	re/Incorporator		Date	
Required Signatur	re/Incorporator		Date	