

P2200051704

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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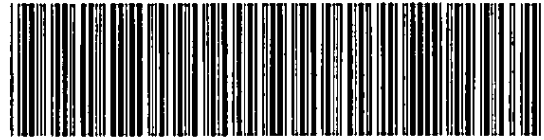
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

2022 JUN 20 PM 5:33

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W22-43833

W22-43833

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2022

EVELYN G. SANCHEZ
13920 LANGLEY PLACE
DAVIE, FL 33325

SUBJECT: EVELYN G. SANCHEZ, PA, INC.
Ref. Number: W22000043833

We have received your document for EVELYN G. SANCHEZ, PA, INC. 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please choose either " PA " or " INC " for the business entity's suffix. Both cannot be used at the same time.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 922A00007758

COVER LETTER

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

SUBJECT: EVELYN G. SANCHEZ ,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: EVELYN G. SANCHEZ
Name (Printed or typed)

13920 LANGLEY PLACE,
Address

DAVIE, FL 33325
City, State & Zip

954 445-4632
Daytime Telephone number

gisellsanchezrealtor@gmail.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: EVELYN G. SANCHEZ ,PA

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>13920 Langley Place, Davie FL 33325</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Agent, sale and purchase properties

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Evelyn G. Sanchez/President</u>	Name and Title:	<u></u>
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Address	<u>13920 Langley Place</u>	Address:	<u></u>
	<u>Davie, FL 33325</u>		<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
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Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
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Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

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CLERK, OFFICE OF STATE
TALLAHASSEE, FLORIDA

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: Evelyn G. Sanchez

Address: 13920 Langley Place, Davie FL 33325

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Evelyn G. Sanchez

Address: 13920 Langley Place, Davie FL 33325

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TALLAHASSEE, FLORIDA

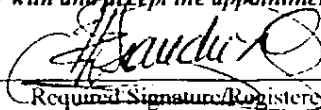
ARTICLE VIII EFFECTIVE DATE:

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

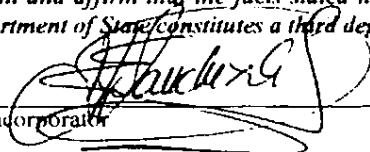


Required Signature/Registered Agent

4/11/2022

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

4/11/2022

Date