

P23000068503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

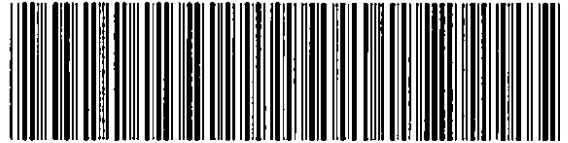
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

ALBA ALZATE PA

**SUBJECT:** \_\_\_\_\_  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

ALBA I ALZATE

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

22934 BAY CEDAR DR

\_\_\_\_\_  
Address

LAND O LAKES FL 34639

\_\_\_\_\_  
City, State & Zip

813 - 765-7704

\_\_\_\_\_  
Daytime Telephone number

albaines@hotmail.com

\_\_\_\_\_  
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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TALLAHASSEE, FL.

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ALBA I ALZATE

22934 BAY CEDAR DR.

LAND O LAKES , FL 34639

August 28, 2023

RE: RELEASE NAME

To Whom It may Concern,


I previously enrolled my company but did not file the annual report, I cannot pay the fee, therefore I would like to release the name. The name I would like to release is ALBA ALZATE PA and document number is P21000069762. I have enclosed the new application with for the same name. I will be in compliance moving forward.

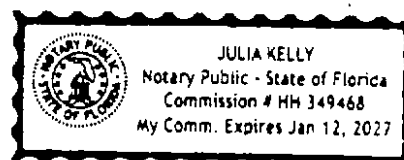
Please accept my request.

If you have any question please contact me at (813)-765-7704 or via email [albaines@hotmail.com](mailto:albaines@hotmail.com)



ALBA I ALZATE

  
Notary Public



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SECRETARY OF STATE  
TALLAHASSEE, FL

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

ALBA ALZATE PA

**ARTICLE I NAME**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

22934 BAY CEDAR DR

LAND O LAKES FL 34639

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REALTOR / professional corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALBA ALZATE / President

Name and Title: \_\_\_\_\_

Address 22934 BAY CEDAR DR

Address: \_\_\_\_\_

LAND O LAKES FL 34639

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FL

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: ALBA I ALZATE  
Address: 22934 BAY CEDAR DR  
LAND O LAKES FL 34639

**ARTICLE VII INCORPORATOR**

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

Name: ALBA I ALZATE  
Address: 22934 BAY CEDAR DR  
LAND O LAKES FL 34639


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

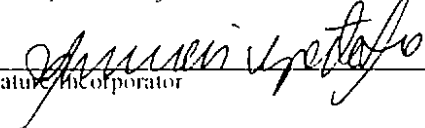
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

*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

Date \_\_\_\_\_

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