P23000082341

(Requestor's Name)					
(Address)					
(Address)					
(Čity/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

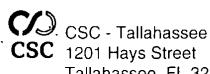
Office Use Only



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RECEIVED ANII: 18

SECRETARY OF STATE



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 11/29/23 Order #: 1324143-1

Re: Crystal Connors, P.A. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

CRYSTAL CONNORS, P.A.				
жен. <u></u>	(PROPOSED CORPORA	ATE NAME – <u>MÚST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	cicles of incorporation and	d 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 o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	JOHN CATALANO, ESQ.			
	Nam	e (Printed or typed)		
	201 ALHAMBRA CIRCLE	. FL 11		
		Address		
	CORAL GABLES, FL 33134			
	City,	State & Zip		
	305-442-8548			
	Daytime 1	elephone number		
	CATALANOJ@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)

AMI BEACH, FL 33139 ICLE II PURPOSE PURPOSE TO Which the corporation is organized is:THE CONDUCT OF REAL ESTATE MARKETING AND SECTION OF THE LAWFUL BUSINESS ACTIVITIES. ICLE IV SHARES Uniber of shares of stock is:100 CLE V INITIAL OFFICERS AND/OR DIRECTORS				
ICLE IV SILARES number of shares of stock is: _100 ICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:			Μ	failing address, if different is:
DANY OTHER LAWFUL BUSINESS ACTIVITIES. CLE IV SHARES	88 MERIDIAN AVE			
TICLE IV SHARES number of shares of stock is: 100 TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: CRYSTAL CONNOR, President Name and Title: Address MAMI BEACH, Fl. 33139	IIAMI BEACH, FL 3.	3139		
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Name and	Title:	Name and Title:	
Address		Address:	·
		·	
		·	
	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:	
	Corporation Service Company	and registered agent is:	
Address:	1201 Hays Street		
-	Tallahassee, FL 32301		
ARTICLE VII IN	SCORPORATOR		
<u> </u>	ress of the Incorporator is:		
Name:	John Catalano, Esq.		
Address:	201 Alhambra Circle, FL 11		
	Coral Gables, FL 33134		
Effective date, if ot (If an effective dat filing.) Note: If the date in	her than the date of filing: November 29, 2023 te is listed, the date must be specific and cannot be secreted in this block does not meet the applicable active date on the Department of State's records.	t be more than five days prior	-
certificate, I am fan	l as registered agent to accept service of process for niliar with and accept the appointment as register		
alixxi	of Weiland-Jonnson, AUP		11/28/2023
	Required Signature/Registered Agent		Date
I submit this docum document to the De	nent und affirm that the facts stated herein are partment of State constitutes a third degree felon	true, I am aware that the false v as provided for in s.817.155, F	information submitted in a .S.
	I will		11/28/2023
Required Signature	(lacoly or alor	Date	20
			2023 E.
			r. V
			•
			(3)
			 ©