

P24000027254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

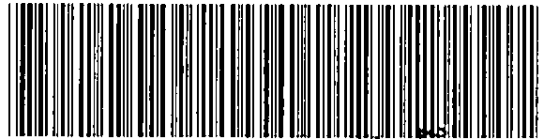
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2024 APR 17 AM 11:47  
DEPT. OF STATE  
TALLAHASSEE, FL

FILED

2024 APR 17 AM 10:59  
DIRECTOR'S OFFICE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

RECEIVED

W24000060995

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account: I20210000160:: \$ 70.00

Authorization Signature: Sean Patrick Alain Presti  
Sean Patrick Alain Presti, P.A.

Business

Document #

☐ Walk in

☐ Will wait

☐ Certified Copy of the Articles

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ INC  
☒ OTHER

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ CORRECTION for a Foreign LLC  
☐ Domestication of a Foreign Corp.  
\_\_\_\_\_  
Other

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
TALLAHASSEE, FL

2024 APR 17 AM 11:47

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FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account: 120210000160:: \$ 70.00  
Authorization Signature: Sean Patrick Alain Presti  
Sean Patrick Alain Presti, P.A.

Business	Document #
<input type="checkbox"/> Walk in	<input type="checkbox"/> Will wait
<input type="checkbox"/> Certified Copy of the Articles	
<input type="checkbox"/> Certificate of Status	

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EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2024 APR 17 AM 11:47  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** Sean Patrick Alain Presti, P.A.  
(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:** Law Offices of Annette Lopez, P.A.  
Name (Printed or typed)

100 Almeria Avenue, Suite 204  
Address

Coral Gables, FL 33134  
City, State & Zip

(305)517-3151  
Daytime Telephone number

annette@annettelopezlaw.com  
E-mail address: (to be used for future annual report notification)

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

**FILED**  
2024 APR 17 AM 11:47  
DEPT. OF STATE  
TALLAHASSEE, FL

**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: Sean Patrick Alain Presti, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1300 Brickell Bay Drive, Apt. 2801

1300 Brickell Bay Drive, Apt. 2801

Miami, FL 33131

Miami, FL 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Agent Services

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Sean Patrick Alain Presti - P, VP, S

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

Address 1300 Brickell Bay Drive, Apt. 2801

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

Miami, FL 33131

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2024 APR 17 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: Law Offices of Annette Lopez, P.A.  
Address: 100 Almeria Avenue, Suite 204  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

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

Name: Law Offices of Annette Lopez, P.A.  
Address: 100 Almeria Avenue, Suite 204  
Coral Gables, FL 33134


**ARTICLE VIII EFFECTIVE DATE:**

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

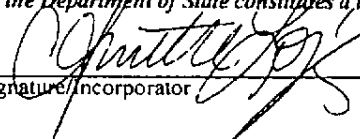
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

4-16-24  
Date  
APR 17 2024  
CLERK OF STATE  
TALLAHASSEE FL  
4-16-24  
Date

FILED