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Florida Department of State
Division of Corporations
Corporate Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : ATESIANO TAX SERVICES
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: steve@reotask.com

RECEIVED
2024 MAY 29 PM 3:21
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
STEVE JOSEPH NORRITO PA**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

T.S.H.
5/30/24

May. 29. 2024 1:21PM 3

No. 1067 P. 2
19-13

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: Steve Joseph Norrito PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

18695 SW 256 ST

Homestead, FL. 33031

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SALES ASSOCIATE ENGAGED IN
PROVIDING CLIENTS WITH SELLING, BUYING OR LEASING REAL STATE PROPERTY

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Norrito / President

Name and Title: _____

Address 18695 SW 256 ST
Homestead, FL. 33031

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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COUNTY OF DADE
STATE OF FLORIDA

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No. 1067 P. 3
Pg. 3/3

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: Steve Norrito
Address: 18695 SW 256 ST
Homestead, FL. 33031

ARTICLE VII INCORPORATOR

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

Name: Steve Norrito
Address: 18695 SW 256 ST
Homestead, FL. 33031

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	_____ Date
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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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STATE