

P240000040556

(Requestor's Name)

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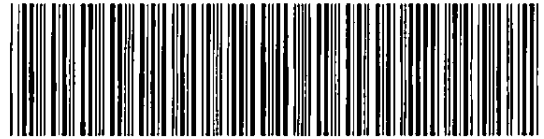
(Business Entity Name)

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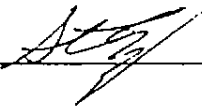
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CAROLYN GONZALEZ PA

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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Signature

Requested by:

Name

Date

Time

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Will Pick Up

COVER LETTER

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

SUBJECT: Carolyn Gonzalez 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: Carolyn Gonzalez

Name (Printed or typed)

22201 SW 87th Place

Address

Cutler Bay, FL 33190

City, State & Zip

786-214-0079

Daytime Telephone number

CarolynGonzalezRE@gmail.com

E-mail address: (to be used for future annual report notification)

CLERK OF STATE
TALLAHASSEE, FL

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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: Carolyn Gonzalez PA.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

22201 SW 87th Place

Cutler Bay, FL 33190

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Gonzalez / President

Name and Title: _____

Address 22201 SW 87th Place

Address: _____

Cutler Bay, FL 33190

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: Carolyn Gonzalez

Address: 22201 SW 87th Place

Cutler Bay, FL 33190

ARTICLE VII INCORPORATOR

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

Name: Carolyn Gonzalez

Address: 22201 SW 87th Place

Cutler Bay, FL 33190

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.

Carolyn Gonzalez

Required Signature/Registered Agent

6/14/2024

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.

Carolyn Gonzalez

Required Signature/Incorporator

6/14/2024

Date

2024 JUN 14 AM 9:17
DEPARTMENT OF STATE
TALLAHASSEE, FL
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