## Florida Department of State Division of Corporations Comparison of Corporations Comparison of Corporations Comparison of Corporations Comparison of Corporations

11.14.24

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To:

Division of Corporations

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From:

Account Name : ATESIANO TAX SERVICES

Account Number : I20190000123 Phone : (305)928-1137 Fax Number : (786)349-4952

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LOvena Squadrito @gmail. com

2024 NOV 14 PM 12: 48

## FLORIDA PROFIT/NON PROFIT CORPORATION LORENA A SQUADRITO PA

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Pg. 2/6



November 13, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATESIANO TAX SERVICES

SUBJECT: LORENA A. SQUADRITO PA

REF: W24000152408

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P22000089194.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Operations Manager A FAX Aud. #: H24000375477 Letter Number: 124A00024763

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FLORIDA DEPT OF STATE
Division of Corporation

H240003754773

Page 30f6

10/24/2024

Subj: LORENA A SQUADRITO PA

To whom it may concern:

This letter of name release is for entity name regarding document # P22000089194, in association with the entity's admin dissolutions. I have no intention of reinstating; therefore, you may release "LORENA A. SQUADRITO PA" for use to another Florida entity.

N Squachtb

Kind Regards,

Lorena A Squadrito

President

\* \* Communication Result Report (Nov. 12, 2024 10:45AM) \* \* \*

Date/Time: Nov. 12. 2024 10:44AM

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E. 5) Exceeded max. E-mail size

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Prime ar the shall address for tile trainess shifty to be used for future movest report millings. Enter only one easil address please. 19. EBIEL MORNES LOYENG SQUADRITO @gmail. com

PLORIDA PROFIT/NON PROFIT CORPORATION

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Electronic Filing Mean Corporate Filing Mean \*

Help

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

		NA A SQUADRITO PA
1,11,000.11	INCIPAL OFFICE Principal street address	Mailing address, if different is:
507 SE 27TH DF	?	
HOMESTEAD, F	L. 33033	
RTICLE III PU.	RPOSE ch the corporation is organized is:	REAL ESTATE SALES ASSOCIATE ENGAGED
		BUYING OR LEASING REAL ESTATE PROPERTY.
·	· · · · · · · · · · · · · · · · · · ·	
<del> </del>		
		O Name and Title:
	Citie: LORENA A SQUADRIT	O Name and Title: Address:
Name and 1	Citie: LORENA A SQUADRIT 607 SE 27TH DR HOMESTEAD, FL. 33033	O Name and Title:  Address:
Name and 1	Citie: LORENA A SQUADRIT	O Name and Title:  Address:
Name and 1	100 CONTROL OF CONTROL	O Name and Title: Address:
Name and 1	Citie: LORENA A SQUADRIT 607 SE 27TH DR HOMESTEAD, FL. 33033	O Name and Title:  Address:  Name and Title:
Name and T	100 CONTROL OF CONTROL	O Name and Title:  Address:  Name and Title:
Name and T	Citie: LORENA A SQUADRIT 607 SE 27TH DR HOMESTEAD, FL. 33033	O Name and Title:  Address:  Name and Title:
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Name an	d Tide:	Name and Title:	
Address	· . 	Address:	
	<u>.</u>		
	<u></u> .		
•			
	REGISTERED AGENT orlda street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	LORENA A SQUADRITO	<u></u>	:
Address:	607 SE 27TH DR	24 NOV	
	HOMESTEAD, FL. 33033		·준 :
		<del></del>	7.5.7
ARTICLE VII	INCORPORATOR		(A)
The <u>name and ad</u>	dress of the Incorporator is:	<b>ယ့</b> ႏ	71.S
Name:	LORENA A SQUADRITO	28 🗒	2 m
Address:	607 SE 27TH DR		5
	HOMESTEAD, FL. 33033		
Effective date, if	BFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and co	. (OPTIONAL) cannot be more than five days prior or 90 days after the	
	inserted in this block does not meet the applic fective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.	
Having been nam certificate, I am fa	ed as registered agent to accept service of proc militar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity	
X 19 Herra	(1) Squa Chille i Lorena A	Squadrito 11/12/2024	
101-30	Resuured Signature/Registered Agent		
I submit this docu document to the D	iment and affirm that the facts stated herein epartment of State constitutes a third degree f	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.	
Tone on	Dayin Chilorena A	Squadrito 11/12/2024	
रिष्वारित अधिकार्य	6Ancorporator	Date	