

P25000000201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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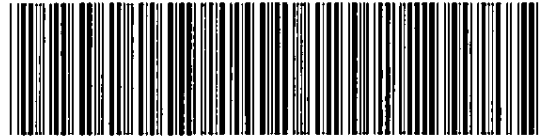
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2025 JAN -3 PM 0:47

2025 JAN -3 PM 2:01

COVER LETTER

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

SUBJECT: Real Assist, CO.
(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: Lourdes Valenzuela
Name (Printed or typed)

PO BOX 20821
Address

Tallahassee, FL 32316
City, State & Zip

850-570-3170
Daytime Telephone number

RealAssistco@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)

ARTICLE I NAME

The name of the corporation shall be: Real Assist, Co.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

5375 Jackson Bluff Rd.
Tallahassee, FL 32310

Mailing address, if different is:

Po Box 20821
Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation
is to operate a web-based platform that facilitates and
coordinates real estate transactions.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wurdes Valenzuela Name and Title: _____
CEO

Address: _____ Address: _____
Po Box 20821
Tallahassee, FL 32316

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Lourdes Valenzuela
Address: 5375 Jackson Bluff Rd.
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

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

Name: Lourdes Valenzuela
Address: 5375 Jackson Bluff Rd.
Tallahassee, FL 32310

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

1/3/25
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.


Required Signature/Incorporator

1/3/25
Date