

P10000098057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

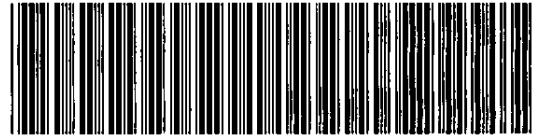
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/19/10--01011--015 **70.00

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10 DEC -2 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
12/3

11/16-54725

COVER LETTER

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

SUBJECT: Sharon Roberts, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Sharon Roberts

Name (Printed or typed)

13701 SW 24th Street

Address

Davie, FL 33325

City, State & Zip

954-247-9000

Daytime Telephone number

sroberts2@bellsouth.net

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC -2 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 23, 2010

SHARON ROBERTS
13701 SW 24TH STREET
DAVIE, FL 33325

SUBJECT: SHARON ROBERTS, P.A.
Ref. Number: W10000054725

We have received your document for SHARON ROBERTS, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 510A00027407

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: Sharon Roberts, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13701 SW 24th Street
Davie, FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate as an "of counsel" affiliation with a Florida law firm.

ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares of share of stock that this Corporation is authorized to have outstanding at any one time is 300 shares of common stock having a \$1 par value per share and 300 shares issued.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: Sharon B. Roberts, President | Name and Title: _____ |
| Address: 13701 SW 24th Street | Address: _____ |
| Davie, FL 33325 | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| 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: Sharon B. Roberts
Address: 13701 SW 24th Street
Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon B. Roberts
Address: 13701 SW 24th Street
Davie, FL 33325

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

11-26-10

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

11-26-10

Date

FILED
10 DEC -2 PM 1:12
TALLAHASSEE
SECRETARY OF STATE