

P 15000020838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

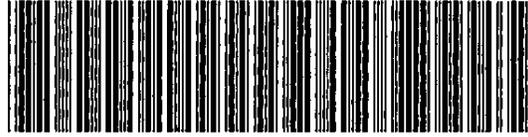
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300269881363

03/02/15--01031--010 **70.00

FILED
15 MAR -2 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/4/15

COVER LETTER

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

SUBJECT: Stacia McCullum 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
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: Stacia McCullum
Name (Printed or typed)

352 Legare Ct
Address

Jupiter, FL 33458
City, State & Zip

561-452-0882
Daytime Telephone number

staciameccallum@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR - 2 PM 4: 14

FILED

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: Stacia McCallum, P.A. **FILED**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: **15 MAR -2 PM 4:14**

352 Leguire Ct
Jupiter, FL 33458

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate sales associate,
Realtor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacia McCallum - ^{President} ~~Member~~ Name and Title: _____

Address 352 Leguire Ct Address: _____
Jupiter, FL 33458

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: Stacia McCallum
Address: 352 Legare Ct
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stacia McCallum
Address: 352 Legare Ct
Jupiter, FL 33458

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

Stacia McCallum
Required Signature/Registered Agent

2-25-15
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.

Stacia McCallum
Required Signature/Incorporator

2-25-15
Date

FILED
15 MAR - 2 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA