

**P03000044490**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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03 APR 18 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

4-11-22

## TRANSMITTAL LETTER

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

SUBJECT: VASON W. HOLTZ, 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: VASON W. HOLTZ  
Name (Printed or typed)

10 OLD GROVE LANE  
Address

ALTAMONTE SPRINGS, FL 32701  
City, State & Zip

(407) 260-8560  
Daytime Telephone number

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: JASON W. HOLTZ, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is: 10 OLD GROVE LANE  
ALTAMONTE SPRINGS, FL 32701

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PRACTICE OF LAW

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):


**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: JASON W. HOLTZ  
10 OLD GROVE LANE  
ALTAMONTE SPRINGS, FL 32701

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: JASON W. HOLTZ  
10 OLD GROVE LANE  
ALTAMONTE SPRINGS, FL 32701

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date