

P03000046062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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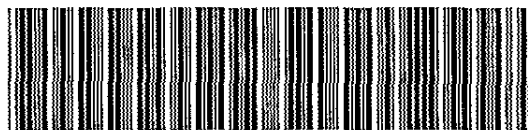
(Business Entity Name)

(Document Number)

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FILED  
03 APR 24 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 4/25

## TRANSMITTAL LETTER

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

SUBJECT: Deborah Higgins 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: Deborah Higgins  
Name (Printed or typed)

323 Hormigas St  
Address

Ocoee, FL 34261-2963  
City, State & Zip

407-877-8817 407-496-9580  
Daytime Telephone number cell

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



**FLORIDA DEPARTMENT OF STATE**  
Glenda E. Hood  
Secretary of State

April 24, 2003

DEBORAH HIGGINS  
323 HORMIGGAS ST  
OCOE, FL 34761-2963

SUBJECT: DEBORAH HIGGINS, P.A.  
Ref. Number: W03000009554

We have received your document for DEBORAH HIGGINS, 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):

You failed to make the correction(s) requested in our previous letter.

**A CORPORATION MUST HAVE SHARES OF STOCK, YOU MUST LIST AT LEAST ONE.,**

Please return the 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) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filings Section

Letter Number: 803A00020168

**ARTICLES OF INCORPORATION**

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

**FILED**

03 APR 24 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Deborah Higgins, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. Box 667, Ocoee, FL 34761

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Legal Services

**ARTICLE IV SHARES**

The number of shares of stock is:

one

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

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

Deborah Higgins, President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Deborah Higgins, 323 Hormigas St, Ocoee, FL 34761-2963

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Deborah Higgins, P.O. Box 667, Ocoee, FL 34761

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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

Deborah Higgins  
Signature/Registered Agent

3/27/03  
Date

Deborah Higgins  
Signature/Incorporator

3/27/03  
Date