

P03000109711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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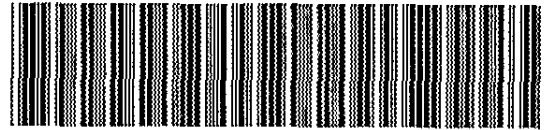
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TS
10/06/03

TRANSMITTAL LETTER

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

SUBJECT: INEZ FLEMING, 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 ☒ \$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: Inez Fleming
 Name (Printed or typed)

157 Atlantis Blvd. #107
 Address

Atlantis, FL 33462
 City, State & Zip

561-278-5570
 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)

ARTICLE I NAME

The name of the corporation shall be:

INEZ FLEMING, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

157 Atlantis Blvd. #107
Atlantis, FL 33462

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Consultant

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Inez Fleming - President
157 Atlantis Blvd. #107
Atlantis, FL 33462

ARTICLE VI REGISTERED AGENT

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

Inez Fleming
157 Atlantis Blvd. #107
Atlantis, FL 33462

ARTICLE VII INCORPORATOR

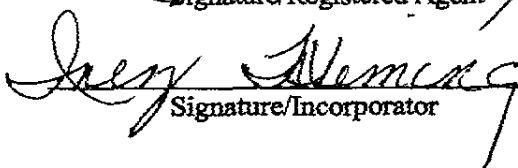
The name and address of the Incorporator is:

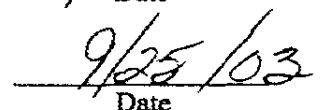
Inez Fleming
157 Atlantis Blvd. #107
Atlantis, FL 33462

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

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TALLAHASSEE, FLORIDA