

P03000115736

(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



500023027555

09/22/03--01035--002 **78.75

FILED
03 OCT 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: THOMAS CHRIST 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: THOMAS CHRIST
Name (Printed or typed)

P.O. Box 380914
Address

MIAMI FL 33238
City, State & Zip

305 992 7700
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 9, 2003

THOMAS CHRIST
P O BOX 380914
MIAMI, FL 33238

SUBJECT: THOMAS CHRIST, P.A.
Ref. Number: W03000027369

We have received your document for THOMAS CHRIST, P.A. and your check(s) totaling \$78.75. 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.

You must list at least one incorporator with a complete business street address.

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) 245-6965.

Dorine Martin
Document Specialist
New Filings Section

Letter Number: 103A00052608

ARTICLES OF INCORPORATION

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

FILED

03 OCT 17 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

THOMAS CHRIST, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 280914
MIAMI FL 33238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THOMAS CHRIST, PRESIDENT
7231 BISCAYNE BLVD.
MIAMI FL 33138

ARTICLE VI REGISTERED AGENT

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

THOMAS CHRIST
270 NW 86th ST
MIAMI FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS CHRIST
270 NW 86th ST
MIAMI FL 33150

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

09/04/03

Signature/Incorporator

Date

09/04/03