P05000129337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
05 SEP 20 PM 4:41

M05-42310

630

D. Brown SEP 20 2005

TRANSMITTAL LETTER

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

SUBJECT: Bonnie Chambers 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: Bonnie Chambers
Name (Printed or typed)

3771 NW 112th Terrace
Address

Coral Springs FL 33065
City, State & Zip

954-423-2813
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 12, 2005

BONNIE CHAMBERS
3771 NW 112TH TERRACE
CORAL SPRINGS, FL 33065

SUBJECT: BONNIE CHAMBERS P.A.
Ref. Number: W05000042310

We have received your document for BONNIE CHAMBERS 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):

The specific nature of business of the professional association must be stated in the document.

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) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 705A00056345

RECEIVED
05 SEP 20 AM 10:42

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 20 PM 4:41

ARTICLE I NAME
The name of the corporation shall be:

Bonnie Chambers P.A.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

8320 W. Sunrise Blvd.
Suite 100
Plantation FL 33322

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Real Estate Sales and Investments

ARTICLE IV SHARES
The number of shares of stock is:

Ten (10) Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

Bonnie Chambers
President

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:

Bonnie Chambers
3771 NW 112th Terrace
Coral Springs FL 33065

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Bonnie Chambers P.A.
3771 NW 112th Terrace
Coral Springs, FL 33065

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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

Bonnie Chambers P.A. — 9-1-2005
Signature/Registered Agent Bonnie Chambers P.A. — Date

Bonnie Chambers P.A — Sept. 1, 2005
Signature/Incorporator Bonnie Chambers P.A. — Date