

PK6000010735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

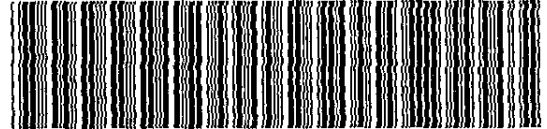
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JAN 19 PM 2:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: VanHouten, 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: Grace VanHouten

Name (Printed or typed)

4446 Hendricks Ave., Suite 122

Address

Jacksonville, FL 32207

City, State & Zip

(904) 485-8777

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:

VanHouten, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4446 Hendricks Ave.
Suite 122
Jacksonville, FL 32207

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:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Grace VanHouten
4446 Hendricks Ave., Suite 122
Jacksonville, FL 32207
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Grace VanHouten
4446 Hendricks Ave., Suite 122
Jacksonville, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Grace VanHouten
4446 Hendricks Ave., Suite 122
Jacksonville, FL 32207

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


Signature/Incorporator

1-18-06
Date
1-18-06
Date

FILED
06 JAN 19 PM 2:08
CLERK OF STATE
TALLAHASSEE, FLORIDA