

FD 60000/9933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

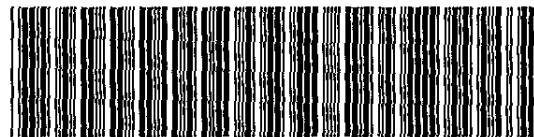
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB - 8 AM 10:09

MPB
2/13

COVER LETTER

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

SUBJECT: MITZI ANDERSON FISHER, 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: MITZI ANDERSON FISHER, P.A.

Name (Printed or typed)

9 SABOR DE SAL ROAD

Address

ST AUGUSTINE, FL 32080

City, State & Zip

954-942-0917

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)

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DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

MITZI ANDERSON FISHER, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9 SABOR DE SAL ROAD
ST AUGUSTINE, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE SALES

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):

MITZI A. FISHER
9 SABOR DE SAL ROAD
ST AUGUSTINE, FL 32080

PRESIDENT, DIRECTOR

ARTICLE VI REGISTERED AGENT

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

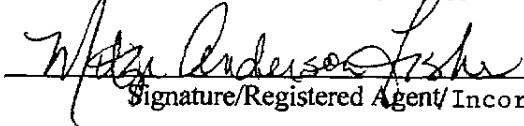
MITZI A. FISHER
9 SABOR DE SAL ROAD
ST AUGUSTINE, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MITZI A. FISHER
9 SABOR DE SAL ROAD
ST AUGUSTINE, FL 32080

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/Incorporator

2/6/06
Date

Signature/Incorporator

Date