

PO600 0033041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

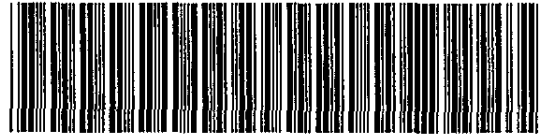
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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SECURITY
TALLAHASSEE, FLORIDA

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MAR 1 2006

W06-8614

COVER LETTER

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

SUBJECT: St. John & Associates

(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: Charlotte St. John

Name (Printed or typed)

805 Schoolway Avenue, # 208

Address

New Smyrna Beach, Florida 32169

City, State & Zip

727 430 4640

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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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:

St. John & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

805 Schoolway Avenue, # 208
New Smyrna Beach, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General management consulting

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Charlotte St. John
President
805 Schoolway Avenue, # 208
New Smyrna Beach, Florida 32169

ARTICLE VI REGISTERED AGENT

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

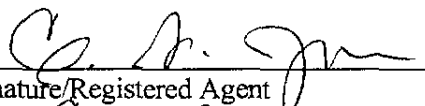
Charlotte St. John
805 Schoolway Avenue, # 208
New Smyrna Beach, Florida 32169

ARTICLE VII INCORPORATOR

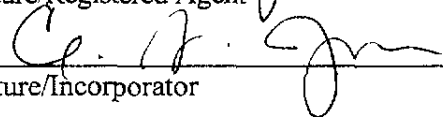
The name and address of the Incorporator is:

Charlotte St. John
805 Schoolway Avenue, # 208
New Smyrna Beach, Florida 32169

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/17/06

Date

2/17/06

Date