

P07000108679

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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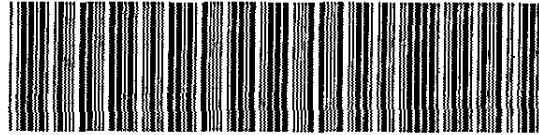
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 OCT -2 PM 1:55

STATE
TAX

T. Burch OCT 3 2007

COVER LETTER

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

SUBJECT: Blue Lion Financial Associates, 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: Linda J. Simmons

Name (Printed or typed)

P O Box 2853

Address

Lakeland, FL 33806

City, State & Zip

813-270-1278

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2007

LINDA J SIMMONS
PO BOX 2853
LAKELAND, FL 33806

SUBJECT: BLUE LION FINANCIAL ASSOCIATES, P.A.
Ref. Number: W07000032939

We have received your document for BLUE LION FINANCIAL ASSOCIATES, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 707A00044180

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:

Blue Lion Financial Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P O Box 2853, Lakeland, FL 33806 400 W. Beacon Road, Lakeland, FL 33803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CPA

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):

Linda J. Simmons, President

ARTICLE VI REGISTERED AGENT

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

Linda J. Simmons

757 Flamingo Drive, Apollo Beach, FL., 33572

ARTICLE VII INCORPORATOR

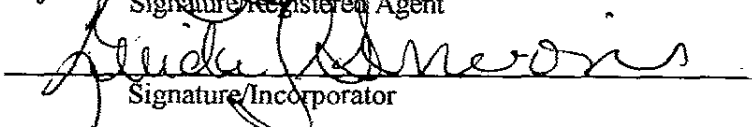
The name and address of the Incorporator is:

Linda J. Simmons

757 Flamingo Drive, Apollo Beach, FL., 33572

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

6/30/07
Date

6/30/07
Date

FILED
2007 OCT -2 PM 1:55
TALLAHASSEE
FLORIDA