

P08000073999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

(P-0)
Office Use Only



000133058590

07/21/08--01022--028 **87.50

FILED

08 AUG -7 AM 1:46

CLERK OF STATE
TALLAHASSEE, FLORIDA

W08-34299

10/7

COVER LETTER

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

STEVEN H. CODERRE, PA

SUBJECT: _____
(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

STEVE CODERRE

FROM: _____

Name (Printed or typed)

P.O. BOX 2215

Address
DUNEDIN, FL 34698

City, State & Zip
727-409-2196

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2008

STEVE CODERRE
P.O. BOX 2215
DUNEDIN, FL 34698

SUBJECT: STEVEN H. CODERRE, PA
Ref. Number: W08000034299

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the **electronic filing cover sheet**.

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 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 408A00042355

RECEIVED
08 AUG - 7 AM 8:00
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

FILED
08 AUG -7 AM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

STEVEN H. CODERRE, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 2215

DUNEDIN, FL 34697-2215

5 LINDEN LANE

PALM HARBOR, FL 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

APPRAISALS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

STEVEN CODERRE

P.O. BOX 2215

DUNEDIN, FL 34697-2215

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

STEVEN CODERRE

5 LINDEN LANE

PALM HARBOR, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

STEVEN CODERRE

5 LINDEN LANE

PALM HARBOR, FL 34683

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

Date

6-18-08

Signature/Incorporator

Date

6-18-08