

PO8000084805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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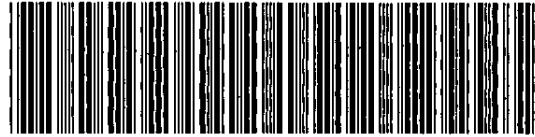
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 SEP 12 PM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Bruce Black 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: Bruce Black

Name (Printed or typed)

6885 20th St Suite 159

Address

Vero Beach Fl. 32966

City, State & Zip

561 632 4228

Daytime Telephone number

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

Bruce Black P.A.

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:

Bruce Black P.A.

ARTICLE II PRINCIPAL OFFICEThe principal ~~street~~ address and mailing address, if different is:

6885 20th St.

Vero Beach Fl. 32966

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Financial Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bruce Black, President, Secretary, and Treasurer

6885 20th St Suite 159

Vero Beach Fl. 32966

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Bruce Black, Pres. 6885 20th St Suite 159

Vero Beach Fl. 32966

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Bruce Black

6885 20th St Suite 159

Vero Beach Fl. 32966

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



 Signature/Incorporator



 Date

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA