

P09000019645

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

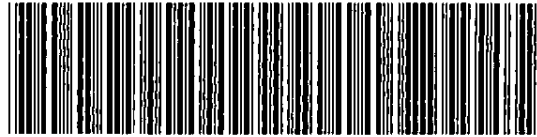
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2009 MAR -2 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 4 2009

COVER LETTER

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

SUBJECT: Lisa A. Schlitzkus, 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: Lisa A. Schlitzkus

Name (Printed or typed)

118 North Marion Avenue

Address

Lake City, Florida 32055

City, State & Zip

(386) 438-5544

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE

09 FEB 20 PM 2:31

February 10, 2009

LISA A SCHLITZKUS
118 NORTH MARION AVE
LAKE CITY, FL 32055

SUBJECT: LISA A. SCHLITZKUS, P.A.
Ref. Number: W09000006420

We have received your document for LISA A. SCHLITZKUS, 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):

Please type in the name of the registered agent in article VI.

Please return the corrected 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
Regulatory Specialist II
New Filing Section

Letter Number: 909A00004697

RECEIVED
DEPARTMENT OF STATE
09 FEB 20 PM 2:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2009

LISA A SCHLITZKUS 2ND ML
285 NORTH EAST HERNANDO AVE
LAKE CITY, FL 32055

SUBJECT: LISA A. SCHLITZKUS, P.A.
Ref. Number: W09000006420

We have received your document for LISA A. SCHLITZKUS, 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):

Please type in the name of the registered agent in article VI.

Please return the corrected 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
Regulatory Specialist II
New Filing Section

Letter Number: 909A00004697

FILED

2009 MAR -2 PM 4: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Lisa A. Schlitzkus, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Street Address: 118 North Marion Avenue, Lake City, FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Law Office

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):

Lisa A. Schlitzkus, President

ARTICLE VI REGISTERED AGENT

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

118 North Marion Avenue, Lake City Florida 32055

Lisa A. Schlitzkus

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

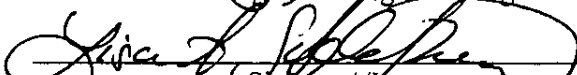
Lisa A. Schlitzkus, 285 North East Hernando Avenue Lake City, Florida 32055

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

02/06/09
Date



Signature/Incorporator

02/06/09
Date