

P09000026268

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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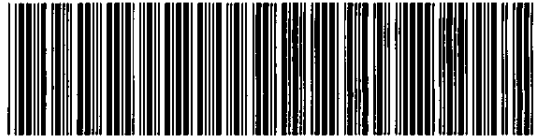
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 MAR 20 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WILLIAM N EGGELING, PA
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: WILLIAM N. EGGELING
Name (Printed or typed)

6231 NW HACIENDA LANE
Address

PORT ST LUCIE FL 34986
City, State & Zip

772-785-6539
Daytime Telephone number

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:

WILLIAM N. EGGELING, PA

ARTICLE II PRINCIPAL OFFICE

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

6231 NW HACIENDA LANE, PORT ST LUCIE FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

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):

WILLIAM N. EGGELING, PRESIDENT
6231 NW HACIENDA LANE
PORT ST LUCIE FL 34986

ARTICLE VI REGISTERED AGENT

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

WILLIAM N. EGGELING
6231 NW HACIENDA LANE
PORT ST LUCIE FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM N. EGGELING
6231 NW HACIENDA LANE
PORT ST LUCIE FL 34986

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

Date

Date

FILED

09 MAR 20 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA