

009-000027605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

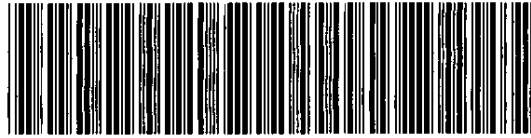
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Certificates of Status _____

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09 MAR 25 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PATRICIA OWENS, INC.

(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: MARK MEGLER CPA

Name (Printed or typed)

159-2 HAMPTON POINT DRIVE

Address

ST AUGUSTINE, FL 32092

City, State & Zip

904 230-4504

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:

PATRICIA OWENS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1913 VILLAGE GLEN DRIVE
ST JOHNS, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PATRICIA OWENS
1913 VILLAGE GLEN DRIVE
ST JOHNS, FL 32259

ARTICLE VI REGISTERED AGENT

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

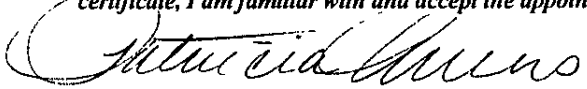
PATRICIA OWENS
1913 VILLAGE GLEN DRIVE
ST JOHNS, FL 32259

ARTICLE VII INCORPORATOR

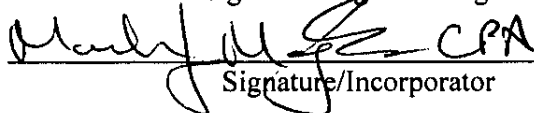
The name and address of the Incorporator is:

MARK MEGLER CPA
159-2 HAMPTON POINT DRIVE
ST AUGUSTINE, FL 32092

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

3/15/09

Date

3/15/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 25 PM 12:28

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