

P10000011432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

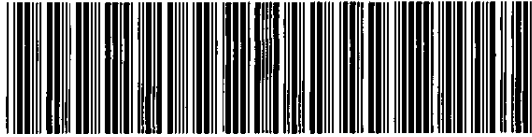
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000167752070

02/05/10--01021--011 \*\*78.75

FILED  
10 FEB -5 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-8-10    *[Signature]*

**COVER LETTER**

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

**SUBJECT:** Stephen C. Wilson, 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:** Stephen C. Wilson  
Name (Printed or typed)

1590 Rue Vendome  
Address

Pembroke Pines, FL 33026  
City, State & Zip

(305) 962-2658  
Daytime Telephone number

SCWilson862007@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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: *Stephen C. Wilson, P.A.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: *1590 Rue Vendome  
Pembroke Pines, FL 33026*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *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): *Stephen C. Wilson, President, Secretary and Treasurer*

FILED  
10 FEB - 5 PM 3: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

*Stephen C. Wilson 1590 Rue Vendome  
Pembroke Pines, FL 33026*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *Stephen C. Wilson  
1590 Rue Vendome  
Pembroke Pines, FL 33026*

\*\*\*\*\*

*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*

*[Handwritten Signature]*  
\_\_\_\_\_  
*[Handwritten Signature]*  
\_\_\_\_\_

Signature/Registered Agent

Signature/Incorporator

*February 3, 2010*

Date

*February 3, 2010*

Date