## P10000085302

(Requestor's Name)		
(Address)		
(Address)		
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(DO	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

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

SUBJECT: AMU R. R	itcheu, P.A.	
(PROPOSED CORPORA	TE NAME – <u>MU</u> \$T'INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: Amy R. Ritchey Name (Printed or typed)  5821 Maple Drive		
OKEChobee FL 34972 City, State & Zip		
772-480-8881 Daytime Telephone number		
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)

The name of the corporation shall be: Amy R. Ritche	ey, P.A.
ARTICLE II PRINCIPAL OFFICE  Principal street address  5821 Mark Crive OKECLASHER, FL 34972	Mailing address, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  LEGAL SECUCES  ARTICLE IV SHARES	FILED SEGMITARY OF S TAIL ANASSEE, FL
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: AND/OR DIRECTORS  Name and Title: AND/OR DIRECTORS	ne and Title:
Name and Title: Name Address: Address:	
Name and Title: Name Address: Address:	ne and Title:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the rename:  Address:  Address:  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  ARTICLE VII INCORPORATOR	gistered agent is:
Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered.  Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein are true. document to the Department of State constitutes a third degree felony as property of Required Signature/Incorporator	