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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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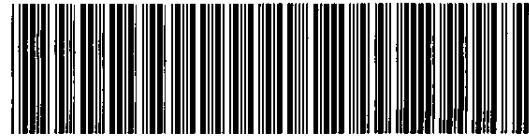
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 OCT 25 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

MRS
10/27

COVER LETTER

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

SUBJECT: GAIL Cheatwood Esq 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: GAIL Cheatwood
Name (Printed or typed)

2000 S. FL AVE
Address

Lakeland FL
City, State & Zip

863 6860975
Daytime Telephone number

G Cheatwood law@aol.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)

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10 OCT 25 PM 2:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: GAIL Cheatwood Esq PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

2000 S FL AVE
Lakeland, FL 33803

Mailing address, if different from principal office address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide legal representation and legal advise

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GAIL Cheatwood
Address: 2000 S FL AVE
Lakeland FL

Name and Title: Director
Address: 2000 S FL AVE
Lakeland FL

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: GAIL Cheatwood Esq
Address: 2000 S FL AVE
Lakeland FL 33803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GAIL Cheatwood
Address: 2000 S FL AVE
Lakeland FL 33801

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

Gail Cheatwood

Required Signature/Registered Agent

10-19-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gail Cheatwood

Required Signature/Incorporator

10-19-10

Date