

P10000088136

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: Elizabeth Wolf DATE

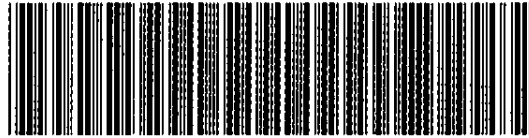
AUTHORIZATION BY PHONE TO

CORRECT add Corp name
to Articles

DATE _____

DOC. EXAM. PS

Office Use Only



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10/25/10--01024--012 **87.50

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10 OCT 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 10/29/10

COVER LETTER

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

SUBJECT: WOIT And Associates 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 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: Elizabeth Woit
Name (Printed or typed)

12401 Brantley Commons Ct
Address

Fort Myers FL 33907
City, State & Zip

239-226-0360
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

Wolt and Associates, P.A.

12401 Brantley Commons Court, Suite 102

Fort Myers, FL 33907

TEL (239) 226-0360

FAX (239) 938-0151

Email: ewolt@woltandassociates.com

*Elizabeth Wolt, Esquire
Noelle LeBert, Paralegal*

State of Florida
Division of Corporations
Attn: Pam Smith
850-245-6804

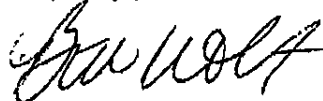
November 1, 2010

Re: Wolt & Associates, P.A.
Doc# P07000020164

Dear Ms. Smith:

Please accept this as my declaration and promise that I have no intention of ever reinstating Wolt & Associates, P.A. document number above. I release this name for the new entity- Wolt and Associates, P.A. I thank you in advance for your resolution of this matter.

Very truly yours,



Elizabeth Wolt

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: Wolt and Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12401 Stanton Commons Ct.
Fort Myers, FL 33907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAW firm

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Wolt
Address: President
14380 Riva del Lago Dr
Fort Myers FL 33907

Name and Title: _____
Address: _____

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: Elizabeth Wolt
Address: 14380 Riva del Lago Dr.
Fort Myers FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elizabeth Wolt
Address: 14380 Riva del Lago Dr.
Fort Myers FL 33907

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

Elizabeth Wolt
Required Signature/Registered Agent

10/22/10
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.

Elizabeth Wolt
Required Signature/Incorporator

10/22/10
Date

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OCT 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA