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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 3 AM 10:00

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COVER LETTER

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

SUBJECT: CAROLYN H. FRANCIS 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: CAROLYN FRANCIS
Name (Printed or typed)

1136 NATURES HAMMOCK RD. SOUTH
Address

FRUIT COVE, FL 32259
City, State & Zip

904-287-5756
Daytime Telephone number

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

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

October 27, 2010

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

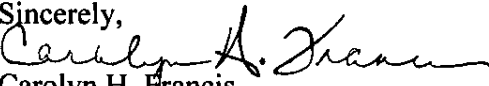
To Whom It May Concern:

The purpose of this letter is to inform you that I do not intend to renew the Corporation:

"Carolyn H. Francis, P.A." #P97000069247

It is my intention to release this name, Carolyn H. Francis, P.A. so that it can be issued
to a new Corporation.

Sincerely,


Carolyn H. Francis

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -3 AM 10:00

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: CAROLYN H. FRANCIS, P. A.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
1136 NATURES HAMMOCK RD. SOUTH
FRUIT COVE, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CAROLYN H. FRANCIS IS A
LICENSED REAL ESTATE SALESPERSON IN THE STATE OF
FLORIDA, LICENSE # 0631761 AND WILL PRACTICE THE
PROFESSION OF REAL ESTATE, FOR WHICH CORPORATIONS
MAY BE INCORPORATED UNDER THIS CHAPTER.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLYN FRANCIS PRESIDENT
Address: 1136 NATURES HAMMOCK RD. SOUTH
FRUIT COVE, FL 32259

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: CAROLYN FRANCIS
Address: 1136 NATURES HAMMOCK RD. SOUTH
FRUIT COVE, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLYN FRANCIS
Address: 1136 NATURES HAMMOCK RD. SOUTH
FRUIT COVE, FL 32259

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

Carolyn H. Francis
Required Signature/Registered Agent

10-30-10
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.

Carolyn H. Francis
Required Signature/Incorporator

10-30-10
Date

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DIVISION OF CORPORATIONS
10 NOV - 3 AM 10:00