

P11000003577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

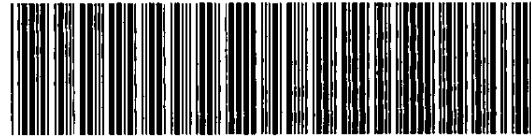
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

Craig M. Porter, Esq.  
NOTIFICATION BY FIRST CLASS  
CERTIFIED MAIL  
DATE 1-12-10  
DCC: [Signature]



800187735748

11/24/10--01029--004 \*\*78.75

W10-55578

FILED

2011 JAN 11 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JAN 12 2011



## COVER LETTER

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

SUBJECT: Craig M. Porter Sr. 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: Craig M. Porter Sr. PA  
Name (Printed or typed)  
16759 NW 15 Street  
Address  
Pembroke Pines FL 33028  
City, State & Zip  
(954) 325-7834  
Daytime Telephone number  
cport001@yahoo.com  
E-mail address: (to be used for future annual report notification)

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




To: Florida Department of State  
New Filing Section  
Division of Corporations

Re: Craig M. Porter Sr. PA

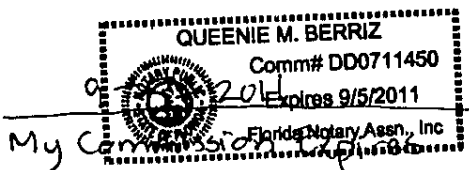
Date: 11/17/10


I hereby release the name of Craig M. Porter Sr. PA for the use of the new entity and I am not going to  
reinstate the corporation.

Thank you,

  
Craig M. Porter Sr.  
Chairman

On this 17th day of November, 2010, before me personally  
appeared Craig M. Porter, who is personally known to me.



  
Notary Public, State of Florida





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JAN 11 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 30, 2010

CRAIG M. PORTER SR. PA  
16759 NW 15 STREET  
PEMBROKE PINES, FL 33028

SUBJECT: CRAIG M. PORTER SR. PA  
Ref. Number: W10000055538

We have received your document for CRAIG M. PORTER SR. PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 910A00027804



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: Craig M. Porter Sr. PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16759 NW 15th Street  
Pembroke Pines, FL 33028

Mailing address, if different is:

320 South Flamingo Rd  
Suite # 303  
Pembroke Pines, FL 33027

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Real Estate Sales

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Craig M. Porter Sr. Chairman Name and Title:

Address: 320 South Flamingo Rd Address:

Suite # 303  
Pembroke Pines, FL 33027

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: Craig M. Porter Sr.

Address: 320 South Flamingo Rd  
# 303 Pembroke Pines, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Craig M. Porter Sr.

Address: 16759 NW 15th Street  
Pembroke Pines, FL 33028

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

  
Required Signature/Registered Agent

11/17/10  
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.

  
Required Signature/Incorporator

11/17/10  
Date

FILED

2011 JAN 11 PM 4:41

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA