

P11000012770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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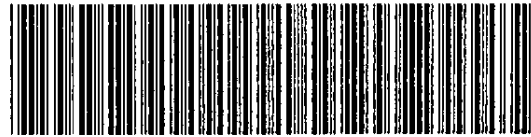
(Business Entity Name)

(Document Number)

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

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11 FEB -4 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
2/7

## COVER LETTER

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

SUBJECT: Anne E. Wright, 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: Anne E. Wright  
Name (Printed or typed)

28 W. Graytwig Ct.  
Address

Homosassa, FL 34446  
City, State & Zip

352-586-2741  
Daytime Telephone number

awrightjr@gmail.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)

**FILED**

11 FEB -4 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I. NAME**

The name of the corporation shall be:

Anne E. Wright, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

28 W. Graytwig Ct.  
Homosassa, FL 34446

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

real estate services. I am a FL licensed  
Broker Associate lic. # BK 3173868

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Anne E. Wright - President  
Address: 28 W Graytwig Ct.  
Homosassa FL 34446

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Anne E. Wright - Secretary  
Address: 28 W. Graytwig Ct.  
Homosassa FL 34446

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Anne E. Wright - Treasurer  
Address: 28 W. Graytwig Ct.  
Homosassa FL

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: Anne E. Wright  
Address: 28 W. Graytwig Ct.  
Homosassa, FL 34446

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anne E. Wright  
Address: 28 W. Graytwig Ct.  
Homosassa FL 34446

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

Anne E. Wright  
Required Signature/Registered Agent

2/1/11  
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.

Anne E. Wright  
Required Signature/Incorporator

2/1/11  
Date