

P110000040242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

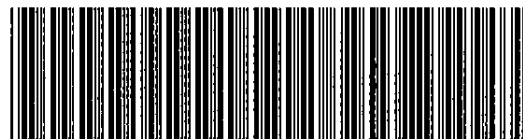
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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611000020373

COVER LETTER

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

SUBJECT: Nicole Anderson, 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: Nicole Anderson
Name (Printed or typed)

6135 Fishhawk Crossing Blvd
Address

Lithia, FL 33547
City, State & Zip

(813) 731-4085
Daytime Telephone number

andersonrealty@verizon.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 APR 25 PM 1:13
DIVISION OF CORPORATIONS

April 11, 2011

NICOLE ANDERSON
6135 FISHHAWK CORSSING BLVD
LITHIA, FL 33547

SUBJECT: NICOLE ANDERSON, P.A.
Ref. Number: W11000020373

We have received your document for NICOLE ANDERSON, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 611A00008734

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:

Nicole Anderson, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6135 Fishhawk Crossing Blvd
Lithia, FL 33547

Mailing address, if different is:

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: Nicole Anderson, President

Address: 6135 Fishhawk Crossing Blvd
Lithia, FL 33547

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: Nicole Anderson

Address: 6135 Fishhawk Crossing Blvd
Lithia, FL 33547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole Anderson

Address: 6135 Fishhawk Crossing Blvd
Lithia, FL 33547

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

Nicole Anderson

Required Signature/Registered Agent

4/6/2011

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.

Nicole Anderson

Required Signature/Incorporator

4/6/2011

Date