

P120000 10039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

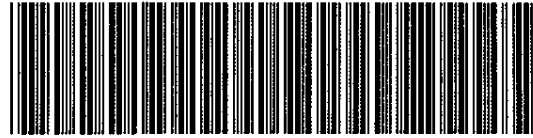
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500219357915

01/27/12--01024--024 **87.50

FILED
12 JAN 27 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/14

COVER LETTER

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

SUBJECT: Sheron Alves Bass, 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: Sheron Alves Bass
Name (Printed or typed)

10320 N. 56th Street, Suite 220
Address

Tampa, FL 33617
City, State & Zip

(813) 481-5755
Daytime Telephone number

sheronalvesbass@tampabay.rr.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)

ARTICLE I NAME

The name of the corporation shall be:

Sheron Alves Bass, P.A.

FILED

12 JAN 27 PM 2:23

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

10320 North 56th Street

Suite 220

Tampa, FL 33617

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A professional association for the practice of law.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Sheron Alves Bass, President/S/T**

Address: **10320 North 56th Street**

Suite 220

Tampa, Florida 33617

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: **Sheron Alves Bass**

Address: **10320 North 56th Street, Suite 220**

Tampa, Florida 33617

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Sheron Alves Bass**

Address: **10320 North 56th Street, Suite 220**

Tampa, Florida 33617

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

Sheron Alves Bass

Required Signature/Registered Agent

1/26/2012

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.

Sheron Alves Bass

Required Signature/Incorporator

1/26/2012

Date