

P12000010385

(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



800219718848

01/30/12--01047--005 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 30 PM 12:47

?s 1/31/12

COVER LETTER

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

SUBJECT: SUZANNE M. DUCILLE, 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: SUZANNE M. DUCILLE

Name (Printed or typed)

7831 MOUNT RANIER DRIVE

Address

JACKSONVILLE, FLORIDA 32256

City, State & Zip

(904)710-6041

Daytime Telephone number

sducille@hotmail.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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **SUZANNE M. DUCILLE, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7831 MOUNT RANIER DRIVE
JACKSONVILLE, FL 32256

12 JAN 30 PM 12:48
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE LEGAL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUZANNE M. DUCILLE	Name and Title: _____
Address: 7831 MOUNT RANIER DRIVE	Address: _____
JACKSONVILLE, FL 332256	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: **SUZANNE M. DUCILLE**
Address: **7831 MOUNT RANIER DRIVE**
JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

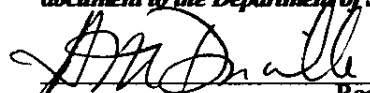
Name: **SUZANNE M. DUCILLE**
Address: **7831 MOUNT RANIER DRIVE**
JACKSONVILLE, FL 32256

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

 **(SUZANNE M. DUCILLE)**
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.

 **(SUZANNE M. DUCILLE)**
Required Signature/Incorporator

1-26-2012
Date