

PI 200 0016772

(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



900219250049

01/31/12--01011--005 **78.75

FILED
2012 JAN 31 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 01 2012

COVER LETTER

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

SUBJECT: Kathleen T. Gillard, 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: Kathleen T. Gillard

Name (Printed or typed)

501 N. Magnolia Avenue

Address

Orlando, FL 32801

City, State & Zip

(407) 872-0868

Daytime Telephone number

Kathleengillard@msn.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 31 AM 10:19

FILED

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

KATHLEEN T. GILLARD
Attorney At Law
501 N. Magnolia Ave.
Orlando, FL 32801
407-872-0868

January 13, 2012

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

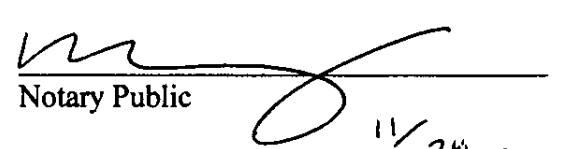
AFFIDAVIT

I do swear and affirm that I am the President/Owner of **Kathleen T. Gillard, P.A.**, a Florida Profit Corporation under **Document # P01000060398**. This Corporation was Administratively Dissolved for to failure to file an Annual Report. I do not intend to revoke this dissolution. I am now seeking to use the same name and have included Articles of Incorporation and applicable filing fees.

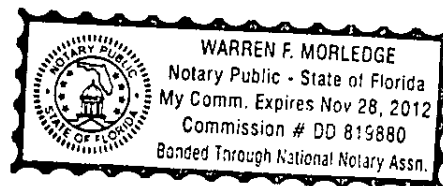
STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this the 13th day of January, 2012 by KATHLEEN T. GILLARD, who is personally known to me or who has produced Valid Florida D.L. and who did take an oath, and after being first duly sworn according to law deposes and says that the information contained in the foregoing instrument is true and correct.


KATHLEEN T. GILLARD


Notary Public

My Commission Expires 11/28/2012



FILED
2012 JAN 31 AM 10:19
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Kathleen T. Gillard, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
501 N. Magnolia Avenue
Orlando, FL 32801

Mailing address, if different is:

501 N. Magnolia Avenue
Orlando, FL 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Attorney at Law

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen T. Gillard President	Name and Title: _____
Address: 501 N. Magnolia Avenue	Address: _____
Orlando, FL 32801	_____
_____	_____
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: Kathleen T. Gillard
Address: 501 N. Magnolia Avenue
Orlando, FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathleen T. Gillard
Address: 501 N. Magnolia Avenue
Orlando, FL 32801

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

1/13/12

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

1/13/12

Date

FILED
2012 JAN 31 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA