

P12000018809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

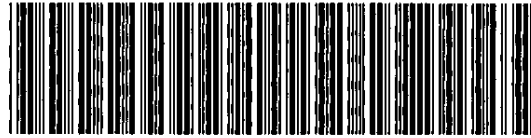
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 23 AM 9:59

12-8761



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 FEB 23 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 14, 2012

JASON M PUGH
4619 CHASTAIN DR
MELBOURNE, FL 32940

SUBJECT: PUGH P.A.
Ref. Number: W12000008761

We have received your document for PUGH 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 712A00006707

COVER LETTER

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

SUBJECT: Pugh Law Office 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: Jason M. Pugh
Name (Printed or typed)

4619 Chastain Dr
Address

Melbourne, FL 32940
City, State & Zip

321 473 6591
Daytime Telephone number

pugh.jason@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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Pugh Law Office P.A.

12 FEB 23 AM 9:59

ARTICLE II PRINCIPAL OFFICE

Principal street address

**4619 Chastain Dr
Melbourne, FL 32940**

Mailing address, if different is:

**PO Box 411041
Melbourne, FL 32941**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The practice of law.

ARTICLE IV SHARES

The number of shares of stock is **one thousand**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jason M. Pugh / PSTD**
Address: **PO Box 411041
Melbourne, FL 32941**

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:

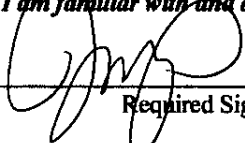
Name: **Jason M. Pugh**
Address: **4619 Chastain Dr
Melbourne, FL 32940**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Jason M. Pugh**
Address: **4619 Chastain Dr
Melbourne, FL 32940**

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

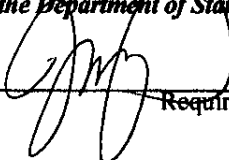


Required Signature/Registered Agent

2/21/2012

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.



Required Signature/Incorporator

2/21/2012

Date