

P12000029945

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

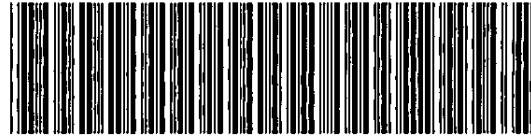
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W12000011779



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02/28/12--01010--012 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 26 PM 3:12

gr 3/28/12

COVER LETTER

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

SUBJECT: Barbara C. Cusack, P.A., Inc.

(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: Barbara C. Cusack

Name (Printed or typed)

5288 Woodlake Trace

Address

Gulf Breeze, FL 32563

City, State & Zip

(850) 324-3754

Daytime Telephone number

curbelobarbara@yahoo.com

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 26 PM 3:12

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 MAR 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 13, 2012

BARBARA C. CUSACK
5288 WOODLAKE TRACE
GULF BREEZE, FL 32563

SUBJECT: BARBARA C. CUSACK, P.A.
Ref. Number: W12000011779

We have received your document for BARBARA C. CUSACK, 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):

You failed to make the correction(s) requested in our previous letter.

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 112A00009196

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 26 PM 3:12



RECEIVED

12 MAR -9 AM 11:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2012

BARBARA C. CUSACK
5288 WOODLAKE TRACE
GULF BREEZE, FL 32563

SUBJECT: BARBARA C. CUSACK, P.A., INC.
Ref. Number: W12000011779

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

Double suffixies are not acceptable.

The specific business purpose of the professional association must be stated in the document.

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.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 412A00008223

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 26 PM 3:12

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:

BARBARA C. CUSACK, P.A. ~~BARBARA C. CUSACK, P.A.~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

114 East Gregory St.

Pensacola, FL 32502

Mailing address, if different is: 12 MAR 26 PM 3: 12

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business ~~PRACTICE OF~~
LAW by a licensed attorney

ARTICLE IV SHARES

The number of shares of stock is: ~~1000~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara C. Cusack, PSTD

Address: 5288 Woodlake Trace

Gulf Breeze, FL 32563

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: Barbara C. Cusack

Address: 5288 Woodlake Trace

Gulf Breeze, FL 32563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara C. Cusack

Address: 114 E. Gregory St.

Pensacola, FL 32502

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

02/24/2012

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

02/24/2012

Date