

P120000 36055

(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



000227835910

04/17/12--01007--006 **70.00

RECEIVED APR 16 2012

12 APR 16 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MRS
4/17/12

COVER LETTER

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

SUBJECT: Rebecca Sheehan, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Rebecca Sheehan
Name (Printed or typed)
1759 Maeve Circle
Address
West Melbourne, FL 32904
City, State & Zip
321-914-4001
Daytime Telephone number
RebeccaSheehan@cfl.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: REBECCA SHEEHAN, P. A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1759 MAEVE CIRCLE
WEST MELBOURNE, FL 32904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

FILED
12 APR 16 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REBECCA SHEEHAN, PRESIDENT
Address: 1759 MAEVE CIRCLE
WEST MELBOURNE, FL 32904

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: REBECCA SHEEHAN
Address: 1759 MAEVE CIRCLE
WEST MELBOURNE, FL 32904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REBECCA SHEEHAN
Address: 1759 MAEVE CIRCLE
WEST MELBOURNE, FL 32904

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

APRIL 10, 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

APRIL 10, 2012

Date