

P12000055368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

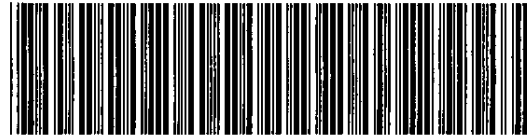
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 JUN 19 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FL (GND)

T. Burch JUN 20 2012

## COVER LETTER

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

**SUBJECT:** David A. Johnson, 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:** David A. Johnson  
Name (Printed or typed)

5960 U.S. Highway 1 South, #6

Address

St. Augustine, FL 32086

City, State & Zip

904-495-5003

Daytime Telephone number

dajla@bellsouth.net

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:

David A. Johnson, P.A.

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

David A. Johnson

5960 U.S. Highway 1 South, #6

St. Augustine, FL 32086

Mailing address, if different is:

David A. Johnson, P.A.

4255 U.S. Highway 1 South, Ste 18 #211

St. Augustine, FL 32086

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Landscape Architecture Firm

### **ARTICLE IV SHARES**

The number of shares of stock is: 1

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David A. Johnson (President)

Address: 5960 U.S. Highway 1 South, #6

St. Augustine, FL 32086

Name and Title: na

Address:

Name and Title: na

Address:

Name and Title: na

Address:

Name and Title: na

Address:

Name and Title: na

Address:

### **ARTICLE VI REGISTERED AGENT**

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

Name: David A. Johnson

Address: 5960 U.S. Highway 1 South, #6

St. Augustine, FL 32086

### **ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: David A. Johnson

Address: 5960 U.S. Highway 1 South, #6

St. Augustine, FL 32086

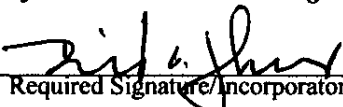
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

June 15, 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

June 15, 2012

Date

FILED  
12 JUN 19 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399