

P12000060998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

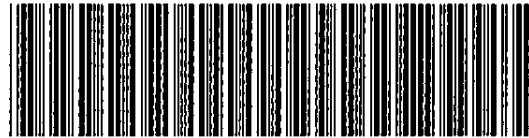
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/25/12--01016--003 \*\*70.00

Shares

## COVER LETTER

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

SUBJECT: Gwen J. Cryer, 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: Gwen J. Cryer

Name (Printed or typed)

1507 Park Center Dr., Suite N

Address

Orlando, FL 32835

City, State & Zip

407-370-9661

Daytime Telephone number

gcryer@lawgrp.net ✓

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 JUL 11 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 27, 2012

GWEN J. CRYER  
1507 PARK CENTER DR., SUITE N  
ORLANDO, FL 32835

SUBJECT: GWEN J. CRYER, P.A.  
Ref. Number: W12000034527

We have received your document for GWEN J. CRYER, 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 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.

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.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 812A00017563

**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: Gwen J. Cryer, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1507 Park Center Dr.  
Suite N  
Orlando, FL 32835

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Law firm.

**ARTICLE IV SHARES**

The number of shares of stock is: 10 (ten)

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

Name and Title:	<u>Gwen J. Cryer, CEO</u>	Name and Title:	_____
Address:	<u>1507 Park Center Dr.</u>	Address:	_____
	<u>Suite N</u>		_____
	<u>Orlando, FL 32835</u>		_____

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: Gwen J. Cryer  
Address: 1507 Park Center Dr., St. N  
Orlando, FL 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gwen J. Cryer  
Address: 1507 Park Center Dr., Suite N  
Orlando, FL 32835

*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

5/14/12

\_\_\_\_\_  
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

5/14/12

\_\_\_\_\_  
Date