

P/2000073088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

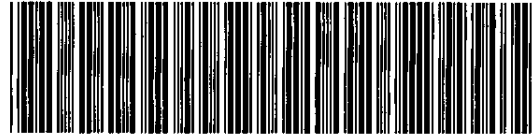
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORPORATE NAME HAD
"DOUBLE SUFFIX"... REMOVED
"INC." KEPT. "P.R." PER
TELEPHONE CONVERSATION
WITH ANDRENEE ANDERSON.
TL 08/27/12

Office Use Only



300238787693

08/24/12--01008--020 **78.75

FILED
12 AUG 24 PM 3:01
STATE
TALLAHASSEE, FLORIDA

TL 08/27/12

COVER LETTER

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

SUBJECT: ANDRENEE ANDERSON, 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: Andrenee Anderson, Esquire

Name (Printed or typed)

14304 Knoll Ridge Dr.

Address

Tampa, FL 33625

City, State & Zip

813-507-1286

Daytime Telephone number

aandersonlaw10@yahoo.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: Andreee Anderson, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14304 Knoll Ridge Dr.
Tampa, FL 33625

Mailing address, if different is:

P.O. Box 342444
Tampa, FL 33694

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Legal services, this is a legal practice.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andreee Anderson, Esquire

Address: 14304 Knoll Ridge Dr.
Tampa, FL 33625

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: Andreee Anderson, Esquire

Address: 14304 Knoll Ridge Dr.
Tampa, FL 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andreee Anderson

Address: 14304 Knoll Ridge Dr.
Tampa, FL 33625

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

Andreee Anderson
Required Signature/Registered Agent

Aug. 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.

Andreee Anderson
Required Signature/Incorporator

Aug. 21, 2012
Date

RECEIVED
TALLAHASSEE, FLORIDA
12 AUG 24 PM 3:01