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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

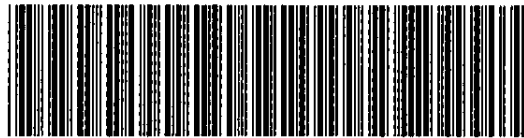
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED  
12 OCT 15 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

**COVER LETTER**

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

**SUBJECT: Joseph E. Nix, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Joseph E. Nix**

Name (Printed or typed)

**240 71st ave**

Address

**St. Pete Beach, FL 33706**

City, State & Zip

**727-687-0555**

Daytime Telephone number

**jnix@prutropical.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** Joseph E. Nix, P.A.  
The name of the corporation shall be:

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
6800 Gulf Blvd  
St. Pete Beach, FL  
33706

Mailing address, if different from principal office:  
240 71st Ave  
St. Pete Beach, FL  
33706

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Selling and managing residential and commercial Real Estate in the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: Joseph E. Nix Name and Title: \_\_\_\_\_  
Address: 240 71st Ave Address: \_\_\_\_\_  
St. Pete Beach, FL  
33706  
  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

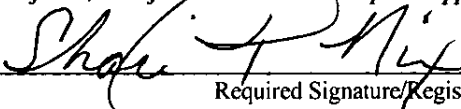
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Shari T. Nix  
Address: 240 71st Ave  
St. Pete Beach, FL 33706

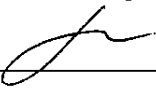
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Name: Joseph E. Nix  
Address: 240 71st Ave  
St. Pete Beach, FL 33706

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  
10/10/2012 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  
10/10/2012 Date