

P12000087186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

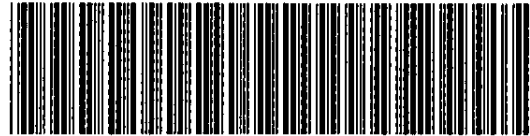
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/H

## 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

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**

The name of the corporation shall be: Joseph E. Nix, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6800 Gulf Blvd  
St. Pete Beach, FL  
33706

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

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**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: <u>Joseph E. Nix</u>	Name and Title: _____
Address: <u>240 71st Ave</u>	Address: _____
<u>St. Pete Beach, FL</u>	_____
<u>33706</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:

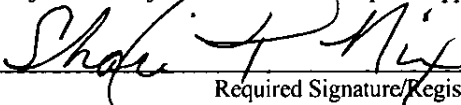
Name: Shari T. Nix  
Address: 240 71st Ave  
St. Pete Beach, FL 33706

**ARTICLE VII INCORPORATOR**

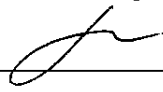
The name and address of the Incorporator is:

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	<u>10/10/2012</u> _____ Date
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*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	<u>10/10/2012</u> _____ Date
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