

P12000097916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

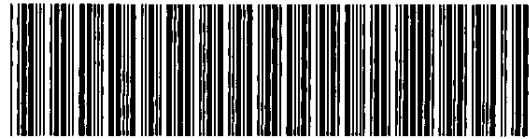
(Business Entity Name)

(Document Number)

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

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10/29/12--01015--004 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 NOV 28 PM 1:51

J. Shivers NOV 29 2012

01655-2117  
470



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2012

ROBERT , ,ELBY  
111 2ND AVE NE SUITE 707  
ST PETERSBURG, FL 33701

SUBJECT: MELBY & ASSOCIATES, P.A.  
Ref. Number: W12000055310

We have received your document for MELBY & ASSOCIATES, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 912A00026483

## COVER LETTER

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

SUBJECT: **MELBY & ASSOCIATES, 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: **Robert M. Melby**  
Name (Printed or typed)

**111 2nd Ave NE, Suite 707**  
Address

**St. Petersburg, FL 33701**  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

**robmcga@aol.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** MELBY & ASSOCIATES, P.A.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
111 2nd Ave NE  
Suite 707  
St. Petersburg, FL 33701

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Professional  
CPA firm

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares @ \$10.00 par value

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

Name and Title: Robert M. Melby, President	Name and Title: _____
Address: 111 2nd Ave NE	Address: _____
Suite 707	_____
St. Petersburg, FL 33701	_____

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:

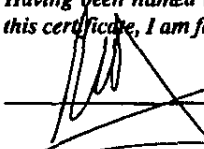
Name: Robert E. Burguires  
Address: 1701 ML King St. North  
St. Petersburg, FL 33704

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert M. Melby  
Address: 111 2nd Ave NE Suite 707  
St. Petersburg, FL 33701

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

10/24/12  
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

10/1/2012  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED