(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
,				
W12-63	3124			





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SECRETARY OF STATE
ALLAHASSEE FRANK

1/4

COVER LETTER

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

_{SUBJECT:} Lori	Fowler, P.A.		
	(PROPOSED CORPORA	ATÉ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: L	ori Fowler		
	Nam	e (Printed or typed)	
69	902 Wellington D		· · · · · · · · · · · · · · · · · · ·
N	aples, FL 34109	Address	
	City,	State & Zip	
2:	39-877-3800		

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

Daytime Telephone number

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

Lori@LoriMovesFlorida.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2012

LORI FOWLER 6902 WELLINGTON DRIVE NAPLES, FL 34109

SUBJECT: LORI FOWLER, P.A. Ref. Number: W12000063124

We have received your document for LORI FOWLER, 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.

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.

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 912A00030202

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME Corporation shall be: Lori Fowler, P.A.	FILED
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	13 JAN -4 PI4 3: 34 Mailing address, if different is:
	6902 Wellington Drive	SECRETARY OF STATE
	Naples, FL 34109	TALLAHASSEE, FLORIDA
ARTICLE III	PURPOSE	
		sed real estate sales associate in the state of Florida,
tne purpose o	or my business is to represent customers tr	nat are looking to buy or sell real estate in Florida.
l will facilitate	their transactions using the knowledge I ha	ave gained in licensing and continuing education to
the best of m	y abilities with integrity and adhering to	the FAR code of ethics.
5001 01 11.		and that does of dames.
ARTICLE IV	SHARES 1 X	
The number of sh	ares of stock is: 1	• •
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	Da
	Title: Lori Fowler, President	Name and Title:
Address:	6902 Wellington Drive	Address:
	Naples, FL 34109	
	Title:	Name and Title:
Address:		Address:
	Title:	Name and Title:
Address:	<u> </u>	Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Lori Fowler	_
Address:	6902 Wellington Drive	
	Naples, FL 34109	_
ARTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
Name:	Lori Fowler	
Address:	6902 Wellington Drive	_
	Naples, FL 34109	<u></u>
		ss for the above stated corporation at the place designated in
nis cerigicaie, i	am familiar with and accept the appointment as re	egisierea agent ana agree to act in this capacity
		12/10
		(2)13/12
	Required Signature/Registered Agent	Date
submit this doc	cument and affirm that the facts stated herein are	e true. I am aware that the false information submitted in a
	Departme <u>nt of</u> State constitutes a third degree felo	
	0~	دا دالم
	Required Signature/Incorporator	Date