

P/3000006903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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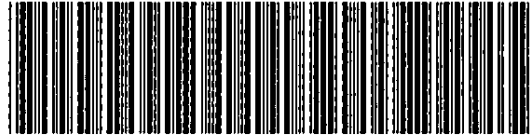
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

VH

## COVER LETTER

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

SUBJECT: **Ronald L. Buschbom Mediations, 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: **RONALD L BUSCHBOM**

Name (Printed or typed)

**16851 FOX DEN**

Address

**FORT MYERS FLORIDA, 33908**

City, State & Zip

**1 239 437 4860**

Daytime Telephone number

**4491blr@comcast.net**

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: Ronald L. Buschbom Mediations, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16851 FOX DEN

FORT MYERS, FLORIDA, 33908

USAT

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in each and every aspect of the general practice of law, including but not limited to mediations, and such other activities related or incidental thereto, but only through its members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services within the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: RONALD L. BUSCHBOM, P/D

Name and Title: \_\_\_\_\_

Address 16851 FOX DEN

Address: \_\_\_\_\_

FORT MYERS, FLORIDA

33908

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(conti.)

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Name and Title: \_\_\_\_\_ Name and Title: 13 JAN 18 PM 2:45  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARION S. BUSCHBOM  
Address: 16851 FOX DEN  
FORT MYERS, FLORIDA 33908

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RONALDL. BUSCHBOM  
Address: 16851 FOX DEN  
FORT MYERS, FLORIDA, 33908

*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*

Marion S. Buschbom 1/15/13  
Required Signature/Registered Agent 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.*

Ronald L. Buschbom 1/15/2013  
Required Signature/Incorporator Date