

P130000007416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

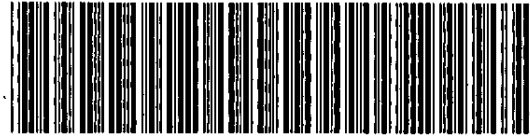
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Lucy **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Change PA Purpose
DATE 1/23/13
DOC. EXAM VH

Office Use Only



200243654292

01/22/13--01036--006 **78.75

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13 JAN 22 PM 1:02
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: Lucyna S. Sellers, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lucyna S. Sellers

Name (Printed or typed)

4427 Southminster Cir.

Address

Niceville, FL 32578

City, State & Zip

850-830-3141

Daytime Telephone number

sellers.lucy@gmail.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: Lucyna S. Sellers, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4427 Southminster Cir.

Niceville, FL 32578

Mailing address, if different, is _____

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucyna S. Sellers

Name and Title: _____

Address 4427 Southminster Cir.

Address: _____

Niceville, FL 32578

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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Name and Title: _____	Name and Title: _____
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:

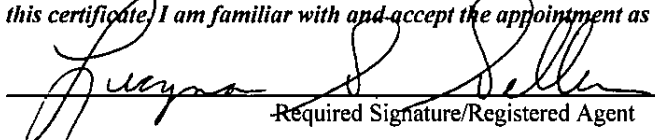
Name: Lucyna S. Sellers
Address: 4427 Southminster Cir.
Niceville, FL 32578

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lucyna S. Sellers
Address: 4427 Southminster Cir.
Niceville, FL 32578

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

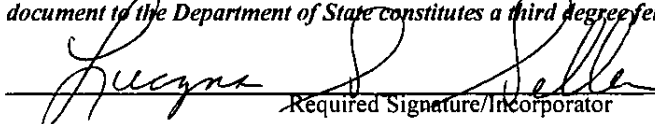


Required Signature/Registered Agent

1/17/2013

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

1/17/2013

Date