

P13000009634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

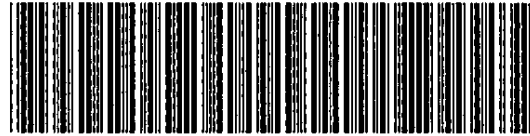
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100243696461

01/17/13--01013--010 **78.75

FILED
13 JAN 29 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
1/30/13

COVER LETTER

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

SUBJECT: **B.N. Closing, 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: **Barbara A. Niswonger**

Name (Printed or typed)

12336 Berkeley Square Drive

Address

Tampa, FL 33626

City, State & Zip

813-775-8859

Daytime Telephone number

bniswonger2002@hotmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2013

BARBARA A NISWONGER
12336 BERKELEY SQUARE DRIVE
TAMPA, FL 33626

SUBJECT: B.N. CLOSING, P.A.
Ref. Number: W13000003750

RECEIVED

13 JAN 24 PM 12:08

RECEIVED
TAMPA, FL 33626

We have received your document for B.N. CLOSING, 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 213A00001499



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2013

BARBARA A NISWONGER
12336 BERKELEY SQUARE DRIVE
TAMPA, FL 33626

SUBJECT: B.N. CLOSING, P.A.
Ref. Number: W13000005088

We have received your document for B.N. CLOSING, 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):

You failed to make the correction(s) requested in our previous letter.

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

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 413A00001958



[Licensee Search](#)
 [Licensee Address Download](#)
 [Licensee Appointment Download](#)
 [Terminated Appointment Download](#)

Licensee Details

1/24/2013

Demographic Information

Name of Licensee: NISWONGER, BARBARA ANN
 License #: P118141
 Business Location: CLEARWATER, FLORIDA

Types and Classes of Valid Licenses

Type	Original Issue Date	Qualifying Appointment
TITLE(0410)	10/20/2007	YES

Types and Classes of Active Appointments

TITLE(0410)

Company Name	Original Issue Date	Exp Date	Type	County
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY	7/1/2011	10/31/2013	STATE	Pinellas

• 2011 © Florida Department of Financial Services

FILED
 13 JAN 29 PM 3:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

FILED

ARTICLE I NAME

The name of the corporation shall be: B.N. Closing, P.A.

13 JAN 29 PM 3:37

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

12336 Berkeley Square Drive

Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: I am 1099 for work

I am a licensed title agent

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara A. Niswonger ~~Owner~~

President
Name and Title:

Address

12336 Berkeley Square Dr

Address:

Tampa FL 33626

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

FILED

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

13 JAN 29 PM 3:37

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: Barbara A. Niswonger
Address: 12336 Berkeley Sq Dr
Tampa, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara A. Niswonger
Address: 12336 Berkeley Square Dr
Tampa FL 33626

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

[Signature] 1-26-13
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 §817.155, F.S.

[Signature] 01/16/2013
Required Signature/Incorporator Date

FILED

13 JAN 29 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Acceptance Letter

Barbara Niswonger
12336 Berkeley Square Dr
Tampa FL 33626
Reference to: BN Closing, PA

To Whom It May Concern,

I Barbara A. Niswonger hereby am familiar with and accept the duties and responsibilities of a Registered Agent.

Sincerely,

A handwritten signature in black ink, appearing to read 'Barbara A. Niswonger', with a large, stylized loop at the end.

Barbara A Niswonger