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SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch FEB 12 2013

COVER LETTER

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

SUBJECT: BARBARA A. SENTZ 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: BARBARA A. SENTZ
Name (Printed or typed)

436 SPARROW DRIVE
Address

SATELLITE BEACH, FL 32937
City, State & Zip

321.537-5720
Daytime Telephone number

BRIDGET SENTZ @ 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: BARBARA A. SENTZ P. A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

436 SPARROW DRIVE

SATELLITE BEACH, FL 32937

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA A. SENTZ Name and Title: _____

Address PRESIDENT, DIRECTOR, SECRETARY Address: _____

436 SPARROW DRIVE _____

SATELLITE BEACH, FL 32937 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: BARBARA A. SENTZ
Address: 436 SPARROW DRIVE
SATELLITE BEACH, FL 32937

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA A. SENTZ
Address: 436 SPARROW DRIVE
SATELLITE BEACH, FL 32937

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TALLAHASSEE, FLORIDA

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

Barbara A. Sentz 2/7/13
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.

Barbara A. Sentz 2/7/13
Required Signature/Incorporator Date