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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

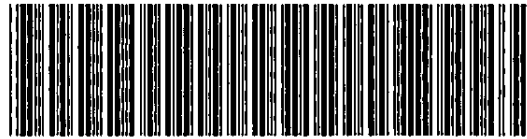
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 MAR 19 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
3/20/13

**COVER LETTER**

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

**SUBJECT:** Corp. Formation- Stephen Gay, 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:** Kevin Walsh, CPA

Name (Printed or typed)

1001 S. MacDill Blvd.

Address

Tampa, Florida 33629

City, State & Zip

(703) 909-9999

Daytime Telephone number

kwalsh@atroxpartners.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Stephen Gay, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

911 S. Dakota Avenue  
Tampa, Florida 33606

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Sales Associate

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

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

Address: Stephen G. Gay Address: \_\_\_\_\_  
911 S. Dakota Ave  
Tampa, FL 33606

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

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

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

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

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(cont.)

13 MAR 19 PM 1:28

Name and Title: \_\_\_\_\_ Name and Title: SECRETARY OF STATE  
Address: \_\_\_\_\_ Address: TALLAHASSEE, FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Atrox Partners, PLLC  
Address: 1001 S. MacDill Blvd.  
Tampa, FL 33629

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kevin Walsh, CPA  
Address: 1001 S. MacDill Blvd.  
Tampa, FL 33629

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

Atrox Partners, PLLC by Kevin Walsh 3.18.13  
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.

[Signature] 3.18.13  
Required Signature/Incorporator Date