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SECRETARY OF STATE

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Division of Corporations

March 22, 2013

ADAM SCHEMER 8726 BELLE RIVE BLVD JACKSONVILLE, FL 32256

SUBJECT: LAW OFFICE OF SCHEMER AND SCHEMER PA

Ref. Number: W13000013064

We have received your document for LAW OFFICE OF SCHEMER AND SCHEMER PA and your check(s) totaling \$87.50. 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.

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.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 713A00005183

called mer

www.sunbiz.org

## **COVER LETTER**

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

SUBJECT: Law Office of Schemer and Schemer PA

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: A	dam B. Scheme	r c (Printed or typed)	
87	726 Belle Rive B		
		Address	
	acksonville, Flori	, State & Zip	<del></del>
(9	04)962-7985		
	Daytime 1	Telephone number	
ac	lam@schemerlaw.o	com ed for future annual report	notification)
	iiian audress. (W oc ust	a for farme annual report	noun <b>cau</b> on,

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 II PRINCIPAL OFFICE Principal street address 4600 Touchton Road		Mailing address, if different is: 8726 Belle Rive Blvd		
uilding 100,	Suite 150	Jacksonville, Florida 32256		
acksonville, l	Florida 32246			
e purpose for which the	POSE he corporation is organized is:	<del>purpose for</del>	s "Profession	ral Corporatio
14W 8H	SCC			
				73 13 14 R
	<del></del>			<del></del>
RTICLE IV SHA e number of shares of	IRES stock is:			7 PM 2:57
RTICLE V INIT	TIAL OFFICERS AND/OR DIRECTO	_ <del></del>	Blair D. Sch	PH 2: 57 CUF STATE EE FLORIDA
RTICLE V INT		_ Name and Title	Blair D. Sch	PH 2: 57 E FLORIDA nemer, MGR
RTICLE V INIT	rial officers and/or director Adam B. Schemer, MGR	_ <del></del>	1231 Ortag	PH 2: 57 E FLORIDA nemer, MGR
Name and Title Address	Adam B. Schemer, MGR 8726 Belle Rive Blvd	_ Name and Title _ Address: _	1231 Ortag Jacksonvil	PH 2: 57  TIORIDA  THE STATE  THE
Name and Title Address	Adam B. Schemer, MGR 8726 Belle Rive Blvd Jacksonville, FL 32256	_ Name and Title _ Address: Name and Title	1231 Ortag	PH 2: 57  TIORIDA  THE STATE  THE
Name and Title Address  Name and Title: Address	Adam B. Schemer, MGR 8726 Belle Rive Blvd Jacksonville, FL 32256	_ Name and Title _ Address: Name and Title _ Address:	1231 Ortag	PH 2: 57  TOP STATE  PH 2: 57  THE STATE  TH
Name and Title Address  Name and Title: Address	Adam B. Schemer, MGR 8726 Belle Rive Blvd Jacksonville, FL 32256	_ Name and Title _ Address: Name and Title _ Address:	1231 Ortag	PH 2: 57  TOP STATE  PH 2: 57  THE STATE  TH

Address Address:	- -
	<del>-</del>
	_
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Adam B. Schemer	
Name: 8726 Belle Rive Blvd	
Address:	
Jacksonville, FL 32256	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:  Name: Adam B. Schemer	
Name.	
Address: 8726 Belle Rive Blvd.	-
Jacksonville, FI 32256	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated	lin
this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity	
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	n a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
Required Signature/Incorporator  3 (8 (3 Date	_
/ )	
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AHASSES	77
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