

5/29/2013 4:44 PM From: T: 850617-6381

Division of Corporations

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Florida Department of State
Division of Corporations
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RE-SUBMIT

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Please retain original filing
date of submission 5/24

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Barry S. Porter & Associates, Inc. of Florida

Certificate of Status	0
Certified Copy	0
Page Count	0405
Estimated Charge	\$70.00

05/30/13

FILED RECEIVED
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(2/5)

850-617-6381

5/28/2013 9:32:53 AM PAGE 1/001 Fax Server



May 28, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: BARRY S. PORTER & ASSOCIATES, INC. OF FLORIDA
REF: W13000030650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000116161
Letter Number: 913A00013192

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TALLAHASSEE, FLORIDA

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$78.75 Filing Fee & Certified Copy

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

ADDITIONAL COPY REQUIRED

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: Barry S. Porter & Associates, Inc. of Florida

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

555 Winderley Place

Suite 300

Maitland, FL 32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide land use planning, permitting, zoning and project management consulting services to private and public sector clients.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry S. Porter, AICP, President

Name and Title: _____

Address: 400 Franklin Street, Suite 202

Address: _____

Braintree, MA 02184

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Barry S. Porter, AICP
 Address: 400 Franklin Street, Suite 202
Braintree, MA 02184

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

By: Tammy Trotteroo 5/23/13
 C T Corporation System Vice President
 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.

Barry S. Porter May 23, 2013
 Required Signature/Incorporator Date
 Barry S. Porter, AICP

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