

P13000054461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

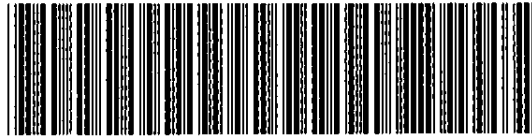
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUN 24 AM 10:46

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## COVER LETTER

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

SUBJECT: **Peggy Lamb, 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

|  |  |
|--|--|
| <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input checked="" type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                                    |  |

FROM: **Peggy Lamb**

Name (Printed or typed)

**668 Binnacle Drive Suite A**

Address

**Naples, FL 34103**

City, State & Zip

**239-919-6964**

Daytime Telephone number

**peggy\_lamb1@yahoo.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:

Peggy Lamb, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

668 Binnacle Drive, Suite A

Naples, Florida 34103

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

real estate sales, buyer representation,

brokerage and consulting.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Peggy Lamb, CEO

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

Address

668 Binnacle Drive

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

Naples, Fl 34103

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

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

Address

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

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

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

Address

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

RECORDED  
OFFICE OF STATE  
ATTORNEY GENERAL  
FLORIDA

13 JUN 24 AM 10:46

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(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: Peggy Lamb  
Address: 668 Binnacle Drive  
Naples, FL 34103

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

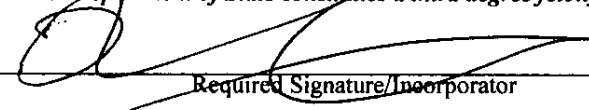
Name: Peggy Lamb  
Address: 668 Binnacle Drive  
Naples, FL 34103

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

June 21, 2013  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

June 21, 2013  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA