

P13000069747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

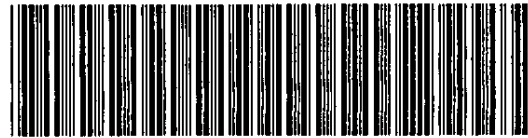
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 22 AM 7:21

8/7
8/8

W13-44071

COVER LETTER

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

SUBJECT: St. Augustine Mediators, 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: Mark E. Parsons

Name (Printed or typed)

1201 Arapaho Ave., Suite B

Address

St. Augustine, Fl. 32084

City, State & Zip

904-826-3445

Daytime Telephone number

mark@markparsonslaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2013

MARK E. PARSONS
1201 ARAPAHO AVE SUITE B
ST. AUGUSTINE, FL 32084

SUBJECT: ST. AUGUSTINE MEDIATORS, P.A.
Ref. Number: W13000044071

We have received your document for ST. AUGUSTINE MEDIATORS, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 313A00018945

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13 AUG 20 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: St. Augustine Mediators, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1201 Arapaho Ave., Suite B

St. Augustine, Fl. 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mediation Services

TO PROVIDE PRE-SUIT MEDIATION SERVICES IN DISSOLUTION OF MARRIAGE AND
FAMILY LAW CASES.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark E. Parsons, Managing Member

Name and Title: Virginia S. Morgan, Managing Member

Address: 1201 Arapaho Ave., Suite B
St. Augustine, Fl. 32084

Address: 38 Grant St.
St. Augustine, Fl. 32084

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 22 AM 7:21

(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: Mark E. Parsons
Address: 1201 Arapaho Ave., Suite B
St. Augustine, Fl. 32084

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Mark E. Parsons
Address: 1201 Arapaho Ave., Suite B
St. Augustine, Fl. 32084

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

 7.29.2013
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.

 7.29.2013
Required Signature/Incorporator Date

13 AUG 22 AM 7:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS