

P/3000083062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

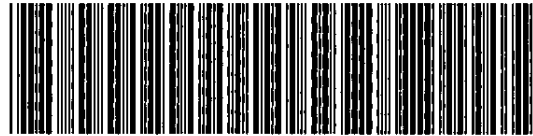
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300252249473

10/08/13--01012--005 **87.50

FILED
13 OCT -8 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

✓ 10/09/13

COVER LETTER

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

SUBJECT: Scotty Ledford, 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: K. Scotty Ledford
Name (Printed or typed)

3957 Glen Oaks Manor Drive
Address

Sarasota, Florida 34232
City, State & Zip

941-400-7360
Daytime Telephone number

scottyledford@comcast.net
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: Scotty Ledford, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2033 Main Street
Suite 501
Sarasota, Florida 34237

Mailing address, if different is:

3957 Glen Oaks Manor Dr.
Sarasota, Florida
34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 100

FILED
13 OCT - 8 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Scott Ledford Name and Title: President

Address: 3957 Glen Oaks Manor Dr. Address: Secretary
Sarasota FL 34232

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Kenneth Scott Ledford

Address: 3957 Glen Oaks Manor Drive

Sarasota FL 34232

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kenneth Scott Ledford

Address: 3957 Glen Oaks Manor Drive

Sarasota FL 34232

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
13 OCT -8 PM 4:30

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

K. S. Ledford

Required Signature/Registered Agent

10/3/13

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.

KA

Required Signature/Incorporator

10/3/13

Date