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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 30 PM 12:06

10/31/13

**COVER LETTER**

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

**SUBJECT: Ethel Buns, PA**

**(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: Ethel Buns**

Name (Printed or typed)

**950 Park Street N**

Address

**St Petersburg FL 33710**

City, State & Zip

**727-421-8080**

Daytime Telephone number

**ethelbunsrealtor@yahoo.com**

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

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**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)

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**ARTICLE I NAME**

The name of the corporation shall be: Ethel Buns, PA

13 OCT 30 PM 12: 06

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

950 Park Street N

PO Box 67261

St Petersburg FL 33710

St Pete Beach FL 33736

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 7500

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

Name and Title: Ethel Buns, President

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

Address 950 Park Street N

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

St Petersburg FL 33710

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: Ethel Buns  
Address: 950 Park Street North  
St Petersburg Fl 33710

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ethel Buns  
Address: 950 Park Street N  
St Petersburg Fl 33710

*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  
10.25.13  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
10.25.13  
Date

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