

P 140000000849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

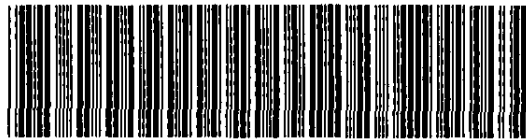
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1/6/14

COVER LETTER

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

SUBJECT: John T. Sefton, 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: John T. Sefton, PA

Name (Printed or typed)

1 Independent Drive, Ste 3201

Address

Jacksonville, Florida 32202-5026

City, State & Zip

904-647-2297

Daytime Telephone number

Sefton@Sheftalltorres.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.

JOHN T. SEFTON
1 INDEPENDENT DRIVE
SUITE 3201
JACKSONVILLE, FL 32202-5026

December 31, 2013

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

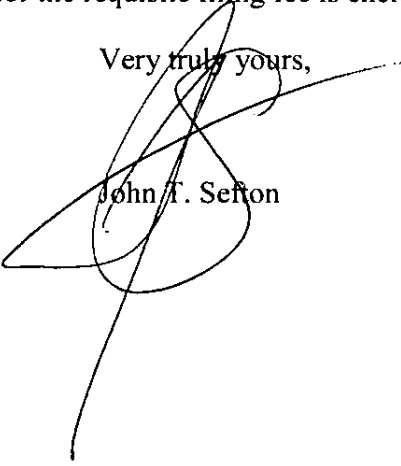
Re: Permission to utilize name "John T. Sefton, P.A."

Ladies/Gentlemen,

I am the sole incorporator and sole director of the corporation that I dissolved on December 30, 2013, being named "John T. Sefton, P.A." having ID P13000002096. The corporation never conducted business.

I authorize you to allow this name to be utilized in the new corporation filing that I am submitting with this letter. A check for the requisite filing fee is enclosed.

Very truly yours,


John T. Sefton

4851-6909-1095, v. 1

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: John T. Sefton, P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1 Independent Drive, Ste 3201
Jacksonville, Florida 32202-5026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of law by attorneys-at-law.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John T. Sefton, President/ Director Name and Title: _____

Address 1 Independent Drive, Ste 3201 Address: _____
Jacksonville, Florida 3202-5026

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: John T. Sefton
Address: 1 Independent Drive, Ste 3201
Jacksonville, Florida 32202-5026

ARTICLE VII INCORPORATOR

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

Name: John T. Sefton
Address: 1 Independent Drive, Ste 3201
Jacksonville, Florida 32202-5026

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
December 31, 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
December 31, 2013
Date

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