

P/4000002543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

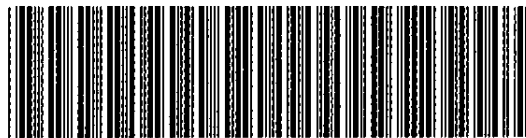
(Business Entity Name)

(Document Number)

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

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*2 01/10/14*

## COVER LETTER

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

SUBJECT: Wright P. A. and Investigating, Inc.  
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:

Loretta Wright  
Name (Printed or typed)

1927 Ben Hogan Circle  
Address

Orlando FL 32808  
City, State & Zip

407-230-8685  
Daytime Telephone number

lwright2381@gmail.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:

Wright P. A. and Investigating, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1927 Ben Hogan Circle  
Orlando, FL 32808

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

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

Name and Title:

Loretta Wright, President

Name and Title:

Address

311 W Dollins Ave  
Orlando, FL 32805

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
JAN 10 2010  
ORLANDO, FL

14 JAN 10 PM 3:16

APPROVED  
FILED



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:

Loretta Wright

Address:

1927 Ben Hagan Circle  
Orlando, FL 32808**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Loretta Wright

Address:

311 N Dollins Avenue  
Orlando, FL 32805

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

Loretta Wright

Required Signature/Registered Agent

1-10-14

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.

Loretta Wright

Required Signature/Incorporator

1-10-14

Date