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COVER LETTER

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

SUBJECT: BLAKE S. WALLACE AND ASSOCIATES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BLAKE S. WALLACE AND ASSOCIATES, INC.
Name (Printed or typed)

7410 10TH AVE NO
Address

ST PETERSBURG, FL 33710
City, State & Zip

727-417-6034
Daytime Telephone number

WALLACE.BLAKE@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: BLAKE S WALLACE AND ASSOCIATES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address 7410 10TH AVE NO
ST. PETERSBURG, FL 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTY, TERRITORY, OR NATION.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BLAKE S WALLACE-PRESIDENT
Address: 7410 10TH AVE NO
ST. PETERSBURG, FL 33710

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:
Name: BLAKE S WALLACE
Address: 7410 10TH AVE NO
ST. PETERSBURG, FL 33710

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Name: BLAKE S WALLACE
Address: 7410 10TH AVE NO
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


BLAKE S WALLACE

Date

1/3/2014

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


BLAKE S WALLACE

Date

1/3/2014

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