

P14000002596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

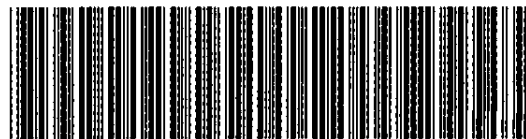
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W14-490~~

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN -6 PM 4:49

W14

COVER LETTER

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

SUBJECT: ANNABELLE L WOMACK 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: ANNABELLE WOMACK
Name (Printed or typed)

2990 ALTON DR
Address

ST. PETE BEACH, FL 33706
City, State & Zip

813 760 5307
Daytime Telephone number

anna99@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2014

ANNABELLE WOMACK
2990 ALTON DR
ST. PETE BEACH, FL 33706

SUBJECT: ANNABELLE K. WOMACK PA
Ref. Number: W14000000490

We have received your document for ANNABELLE K. WOMACK PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Ms. Womack want me to hold her document until she decide if she want to reinstate or file for a new corporation. I spoke with her on 1/2/14.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 714A00000191

Herring, Valerie

From: Anna Womack <anna99@tampabay.rr.com>
Sent: Wednesday, January 08, 2014 10:17 AM
To: Herring, Valerie
Subject: Annabelle Womack, P.A.

Hi Valerie,

We spoke yesterday about my P.A. Account. I have been trying to send you the email, but not sure you are getting it. I am trying from my home computer now.

As we discussed, I need to send you this "release letter" to release my current P.A. account and I am not reinstating it. But I do need to open a new one as we spoke about with the same EIN Number from before. Please let me know you got this. Thank you!!

Anna Womack
813-760-5307

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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: Annabelle K. Womack DA-

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2990 ALTON DR
ST. PETE BEACH, FL
33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Annabelle Womack Name and Title: Pres.

Address: 2990 ALTON DR Address: _____
ST. PETE BEACH, FL
33706

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATION
2014 JAN -6 PM 4:49

Name and Title: _____

Name and Title: _____

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DIVISION OF CORPORATIONS

Address _____

Address: _____

2014 JAN -6 PM 4:49

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Annabelle Womack

Address: _____

2990 ALTON DR
SPB, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

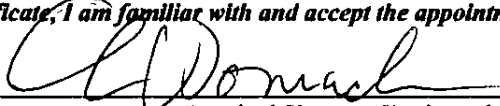
Name: _____

Annabelle Womack

Address: _____

2990 ALTON DR
SPB, FL 33706

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

12-26-13

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

12-26-13

Date