

P/4000004438

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

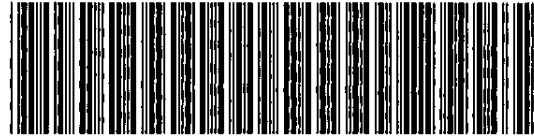
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED "PROFESSION" TO
ARTICLE VII (PURPOSE)
PER TELEPHONE CONVERSATION
WITH LUCIA A. DILLARD

K 01/17/14

Office Use Only



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01/10/14--01016--002 **70.00

RECORDS & INFORMATION
TALLAHASSEE, FLORIDA

14 JAN 10 AM 10:22

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COVER LETTER

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

SUBJECT: Lucia A. Dillard, 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: Lucia A. Dillard

Name (Printed or typed)

436 Palm River Blvd

Address

Naples, FL 34110

City, State & Zip

239-273-7739

Daytime Telephone number

luciadillard@comcast.net

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: Lucia A. Dillard, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

436 Palm River Blvd

Naples, FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any lawful business

REAL ESTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucia A. Dillard, P,VP,S,T

Name and Title: _____

Address 436 Palm River Blvd
Naples, FL 34110

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ALLAHBASTE, FLORIDA

(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: Lucia A. Dillard
Address: 436 Palm River Blvd
Naples, FL 34110

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Lucia A. Dillard
Address: 436 Palm River Blvd
Naples, FL 34110

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

1/7/14
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.


Required Signature/Incorporator

1/7/14
Date