

P14000033816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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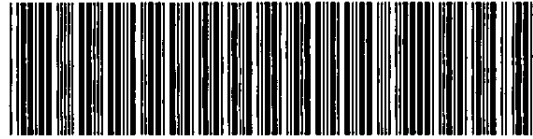
(Business Entity Name)

(Document Number)

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B. 4/14/14

COVER LETTER

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

SUBJECT: Thomas A. Gregg 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 ☒ \$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: Thomas Gregg

Name (Printed or typed)

16462 KINGBIRD RD

Address

BROOKSVILLE, FL 34614

City, State & Zip

727-641-9868

Daytime Telephone number

tommiegregg@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: Thomas A. Gregg P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16462 KINGBIRD RD
BROOKSVILLE, FL 34614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ALL ASPECTS
OF REAL-ESTATE SALES AND LIFE & HEALTH
INSURANCE SALES IN THE STATE OF FLORIDA.

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Gregg, President

Name and Title: _____

Address 16462 Kingbird Rd
Brooksville, FL 34614

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Thomas Gregg
Address: 16462 Kingbird Rd
Brooksville, FL 34614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas Gregg
Address: 16462 Kingbird Rd
Brooksville, FL 34614

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

Thomas Gregg
Required Signature/Registered Agent

04/11/2014

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.

Thomas Gregg
Required Signature/Incorporator

04/11/2014

Date

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