

P14000039441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

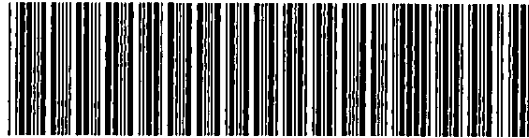
Special Instructions to Filing Officer:

Office Use Only

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B 3/11/14

B. 5/6/14



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03/03/14--01035--002 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 25 AM 10:39

COVER LETTER

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

SUBJECT: Lynn Schollmeyer, 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: Catherine Lynn Schollmeyer

Name (Printed or typed)

99 S.E. Mizner Blvd. #704

Address

Boca Raton, FL 33432

City, State & Zip

(561) 405-5060

Daytime Telephone number

lynn.schollmeyer@yahoo.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: Lynn Schollmeyer, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

99 S.E. Mizner Blvd. #704

Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to form a company name for myself so that when I design and create my one-of-a-kind arts and crafts,
I will be able to put my company name on them and nobody will be able to copy me.

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ARTICLE IV SHARES

The number of shares of stock is: 0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Catherine Lynn Schollmeyer, CEO

Name and Title: Emma Brielle Appel, Exec Director

Address 99 SE Mizner Blvd

Address: 99 SE Mizner Blvd

704

704

Boca Raton FL 33432

Boca Raton FL 33432

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Catherine Lynn Schollmeyer
Address: 99 S.E. Mizner Blvd., #704
Boca Raton, FL 33432

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DIVISION OF CORPORATE REGISTRATION
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catherine Lynn Schollmeyer
Address: 99 S.E. Mizner Blvd., #704
Boca Raton, FL 33432

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

Catherine Lynn Schollmeyer 4.21.14
Required Signature/Registered Agent 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.

Catherine Lynn Schollmeyer 4.21.14
Required Signature/Incorporator Date

4/25/14

Div. of Corp.

Fax (850)245-6804

RE: Lynn Schollmeyer, PA

To Whom It May Concern:

Lynn Schollmeyer PA has one share.

Sincerely,

C. Lynn Schollmeyer
4/25/2014

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