

P 14000043443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

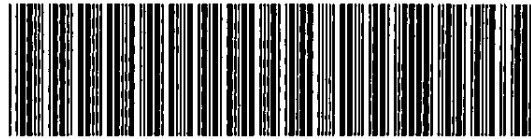
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAY 14 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of 5/15/14

COVER LETTER

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

SUBJECT: Accredited Realty and Property Management, 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
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: Denise Milligan-Bose
Name (Printed or typed)

2230 SE Baya Drive Ste 104
Address

Lake City FL 32025
City, State & Zip

386-397-3313
Daytime Telephone number

denisebose@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: Accredited Realty and Property Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2230 SE Baya Drive Ste 104
Lake City FL 32025

Mailing address, if different is: _____

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residential Property Management

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denise Milligan-Bose, President

Name and Title: _____

Address 2230 SE Baya Dr, Ste 104

Address: _____

Lake City FL 32025

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: Jamie Revis Accounting Services LLC

Address: 439 SE Country Club Rd

Lake City FL 32025

ARTICLE VII INCORPORATOR

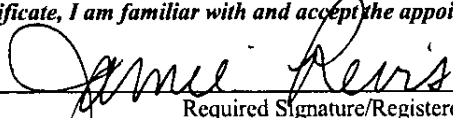
The **name and address** of the Incorporator is:

Name: Denise Milligan-Bose

Address: 568 SE Della Williams Gln

Lake City FL 32025

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

05/12/2014

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.


Required Signature/Incorporator

05/12/2014

Date

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