

P/4000045289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

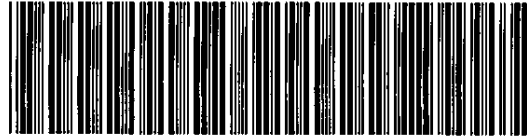
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/21/14--01020--004 \*\*70.00

FILED  
14 MAY 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 05/22/14

## COVER LETTER

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

SUBJECT: TRICIA L. SOARS, 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: TRICIA L. SOARS  
                    Name (Printed or typed)

6161 Cypress Hollow Way  
                    Address

Naples, FL. 34109  
                    City, State & Zip

239-216-2848  
                    Daytime Telephone number

rtsoars@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: TRICIA L. SOARS, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6161 Cypress Hollow Way  
Naples, FL 34109

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist in the buying and selling  
of real estate as a sales agent for profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TRICIA SOARS, PRESIDENT Name and Title: \_\_\_\_\_

Address: 6161 Cypress Hollow Way Address: \_\_\_\_\_  
Naples, FL 34109 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: TRICIA SOARS, TREASURER Name and Title: \_\_\_\_\_

Address: 6161 Cypress Hollow Way Address: \_\_\_\_\_  
Naples, FL 34109 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: TRICIA SOARS  
Address: 6161 Cypress Hollow Way  
Naples, FL 34109

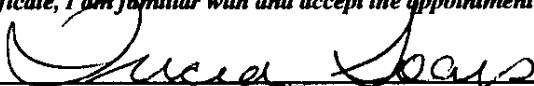
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14 MAY 21 PM 12:25  
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

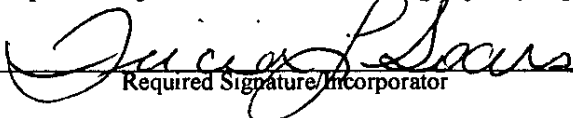
Name: TRICIA SOARS  
Address: 6161 Cypress Hollow Way  
Naples, FL 34109

*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

5/1/14  
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

5/1/14  
Date