

P, 400052087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

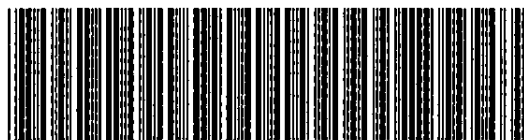
(Document Number)

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W14-336872

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14 JUN 12 24 8:16
6-17-14

Resubmitted for lack of description
W40000 33682 COVER LETTER

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

SUBJECT: Doria Anderson, 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: Doria Anderson
Name (Printed or typed)

PO Box 384
Address

Groveland, FL 34736
City, State & Zip

407 870 3806
Daytime Telephone number

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

or
Doria-anderson@gmail.com

NOTE: Please provide the original and one copy of the articles.

RECEIVED

14 JUN 12 AM 10:44

STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (P. 000)

ARTICLE I NAME

The name of the corporation shall be:

Doria Anderson, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6617 Wynn Lane

Groveland, FL

34736

Mailing address, if different is:

PO Box 384

Groveland FL

34736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Offering commercial real estate management services for client/owner's properties.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Doria Anderson, Director

Address:

Mailing:

PO Box 384

Groveland FL

34736

6617 Wynn Lane Groveland

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

14 JUN 12 AM 8:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

**FILING CANCELLED
RETURNED CHECK**

(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: Doria Anderson
Address: 1617 Wynn Lane
Groveland, FL 34736

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIA Anderson
Address: 1617 Wynn Lane
Groveland, FL 34736

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.

<u>Doria Anderson</u> Required Signature/Registered Agent	<u>6/9/14</u> Date
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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.

<u>Doria Anderson</u> Required Signature/Incorporator	<u>6/9/14</u> Date
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