PH00054680

(Re	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

06/11/14--01004--002 **78.75

Office Use Only

114-36599 MD 6/29

COVER LETTER

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

SUBJECT: Jeff	Little, P.A.		
50B6EC11	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	PY REQUIRED
FROM: Je	eff Little	e (Printed or typed)	
15	007 Summit Pla	ice Circle	
		Address	
Na	aples, FL 34119		
	City	, State & Zip	
23	9-494-0820		
	Daytime 1	Telephone number	
JT	L1369@gmail.c	om	

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



June 12, 2014

JEFF LITTLE 15007 SUMMIT PLACE CIRCLE NAPLES, FL 34119

SUBJECT: JEFF LITTLE, P.A. Ref. Number: W14000036599

We have received your document for JEFF LITTLE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please complete Article(s) V- Officers/Directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 814A00012743

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Jeff Little, P	A. LARI
Principal office Principal street address 15007 Summit Place Circle	Mailing address, if different is:
Naples, FL 34119	ORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is: SEAL ESTATE Section 1. Section 2. Section 2	ALES
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: Teff Little-Pres.	ectors Ident Name and Title:
Address 15007 Summit Plan Nuples, FL 3411	1
Name and Title:	Name and Title:
Address	
	Name and Title:
Address	

Name a	nd Title:	Name and Title:	
Addres		_ Address:	
ARTICLE VI	REGISTERED AGENT		:
	Florida street address (P.O. Box NOT acceptable) of Jeff Little	f the registered agent is:	ALL:
Name: Address:	15007 Summit Place Circle	-	JUN 23
	Naples, FL 34119	-	
ARTICLE VII	INCORPORATOR		PH 3: 20
The <u>name and a</u>	address of the Incorporator is:		.52
Name:	Jeff Little	-	
Address:	15007 Summit Place Circle	_	
	Naples, FL 34119	-	
	amed as registered agent to accept service of process I am familiar with and accept the appointment as reg	gistered agent and agree to act	
7//	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon		F.S.
	W/ Y		6-7-14 Date
1/1/	Required Signature/Incorporator		Date
V			