

PA00004790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

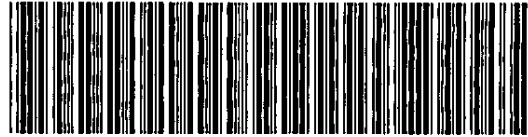
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Joan Giles 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: Joan Giles

Name (Printed or typed)

423 Bella Vida Blvd.

Address

Orlando, FL 32828

City, State & Zip

321-303-5871

Daytime Telephone number

mggiles@gmail.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: Joan Giles P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

423 Bella Vida Blvd.

Orlando, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business. Real estate.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joan Giles, President

Name and Title: _____

Address 423 Bella Vida Blvd.

Address: _____

Orlando, FL 32828

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JANUARY 14 2015

(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:

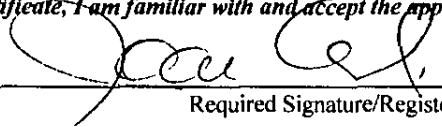
Name: Joan Giles
Address: 423 Bella Vida Blvd.
Orlando, FL 32828

ARTICLE VII INCORPORATOR

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

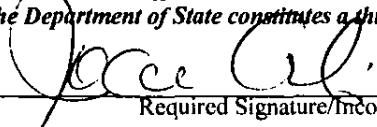
Name: Joan Giles
Address: 423 Bella Vida Blvd.
Orlando, FL 32828

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

11-14-14
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

11-14-14
Date

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