P14000096042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W14-47730

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TALLAHASSEE, FLORIDA

NOV 26 2014

S. GILBERT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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14 NOV 24 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 7, 2014

SHANNON R. ARMSTRONG
614 WHITE CRANE COURT
CHULUOTA, FL 32766

SUBJECT: SHANNON R. ARMSTRONG, P.A.
Ref. Number: W14000067730

We have received your document for SHANNON R. ARMSTRONG, 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 114A00023895

COVER LETTER

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

SUBJECT: Shannon R. Armstrong, 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: Shannon R. Armstrong
Name (Printed or typed)

614 White Crane Court
Address

Chuluota, FL 32766
City, State & Zip

407-748-0515
Daytime Telephone number

sarmstrong_1@msn.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: Shannon R. Armstrong, P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

614 White Crane Court
Chuluota, FL 32766

Mailing address, if different

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Professional Corporation
Real Estate

ARTICLE IV SHARES
The number of shares of stock is: 90

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shannon R. Armstrong, Director & Officer
Address: 614 White Crane Court, Chuluota, FL 32766

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Shannon R. Armstrong

Address: 614 White Crane Court

Chuluota, FL 32766

ARTICLE VII INCORPORATOR

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

Name: Shannon R. Armstrong, P.A.

Address: 614 White Crane Court

Chuluota, FL 32766

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

S. Armstrong
Required Signature/Registered Agent

10/21/14
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.

S. Armstrong
Required Signature/Incorporator

10/21/14
Date