

P14 000099682

(Requestor's Name)

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(City/State/Zip/Phone #)

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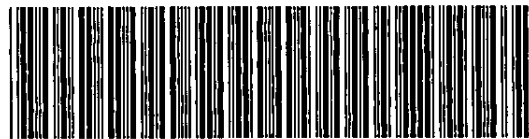
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 DEC 12 AM 9:01

12/16/14

COVER LETTER

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

SUBJECT: PREFERRED APPRAISERS OF FLORIDA, INC.
(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: TONY L. WOODS
Name (Printed or typed)

15822 COUNTRY LAKE DRIVE
Address

TAMPA, FL 33624
City, State & Zip

863-738-1598
Daytime Telephone number

appraisalguy1958@gmail.com
E-mail address: (to be used for future annual report notification)

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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: PREFERRED APPRAISERS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15822 COUNTRY LAKE DRIVE
TAMPA, FL 33624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PERFORM RESIDENTIAL APPRAISAL SERVICES.

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14 DEC 12 AM 9:01

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TONY L. WOODS "P" Name and Title: _____

Address 15822 COUNTRY LAKE DR. Address: _____
TAMPA, FL 33624

Name and Title: DEBRA M. OWEN "VP" Name and Title: _____

Address 15822 COUNTRY LAKE DR. Address: _____
TAMPA, FL 33624

Name and Title: _____ Name and Title: _____

Address _____ 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:

DEBRA M. OWEN

Address:

15822 COUNTRY LAKE DRIVE
TAMPA, FL 33624

ARTICLE VII INCORPORATOR

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

Name:

TONY L. WOODS

Address:

15822 COUNTRY LAKE DR.
TAMPA, FL 33624

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

Debra M. Owen

Required Signature/Registered Agent

12.9.14

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.

[Signature]

Required Signature/Incorporator

12/9/2014

Date