

P14000101298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

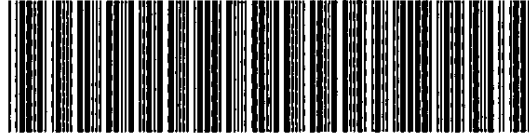
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/14--01004--008 **78.75

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14 DEC 22 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-22/MS

COVER LETTER

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

RECEIVED
14 DEC 12 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: **SUSAN MAXWELL, 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: **JAMES GUEST**

Name (Printed or typed)

50 SE KINDRED ST., SUITE 303

Address

STUART, FL 34957

City, State & Zip

772-286-9005

Daytime Telephone number

JGUEST@GPCPA.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SUSAN MAXWELL, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

290 SW BEACHWAY AVE.

PALM CITY, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in business as a real estate agent

under the laws of the State of Florida and the United States.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Maxwell / President

Name and Title: _____

Address 290 SW Beachway Ave.

Address: _____

Palm City, FL 34990

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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: JEFF PEAVY

Address: 50 SE KINDRED ST., SU. 303

STUART, FL 34994

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

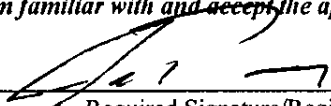
The name and address of the Incorporator is:

Name: SUSAN MAXWELL

Address: 290 SW BEACHWAY AVE.

PALM CITY, FL 34990

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

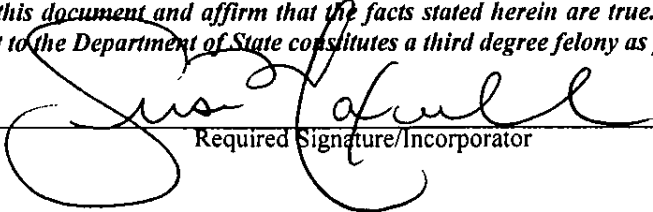


Required Signature/Registered Agent

12/8/2014

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

12-9-14

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2014

JAMES GUEST
50 SE KINDRED STREET, SUITE 303
STUART, FL 34957

SUBJECT: SUSAN MAXWELL, P.A.
Ref. Number: W14000074088

We have received your document for SUSAN MAXWELL, P.A.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 714A00026293