



## COVER LETTER

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

**SUBJECT:** Professional Options 2015 Expo 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:** Theresa Wright

Name (Printed or typed)

2601 Sandra Lane

Address

Jacksonville, Florida 32208

City, State & Zip

904 437 1248

Daytime Telephone number

poexpo2015@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:

Professional Options 2015 Expo Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2601 Sandra Lane

Jacksonville, Florida. 32208

Mailing address, if different is:

221 North Hogan Street #149

Jacksonville Fla 32202

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

putting on expo's

**ARTICLE IV SHARES**

The number of shares of stock is:

0

FILED  
15 FEB 12 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Theresa Wright Onwer

Name and Title:

Address 2691 Sandra Lane

Address:

Jacksonville, Florida 32208

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

**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: Professional Options 2015 Expo Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address2601 Sandra LaneJacksonville, Florida. 32208

Mailing address, if different is:

221 North Hogan Street #149Jacksonville Fla 32202**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: putting on expo's**ARTICLE IV SHARES**

The number of shares of stock is:

\$100 T.L.W. 2/12/15**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Theresa Wright OnwerAddress 2691 Sandra LaneJacksonville, Florida 32208

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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15 FEB 12 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(cont.)

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: Theresa Wright

Address: 2601 Sandra Lane  
Jacksonville, Florida 32208

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Professional Options 2015 Expo inc.

Address: 221 North Hogan Street #149  
Jacksonville Florida 32202

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

Theresa Wright  
Required Signature/Registered Agent

1/ 5/2015

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.*

Theresa Wright  
Required Signature/Incorporator

1/5/2015

Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2015

THERESA WRIGHT  
2061 SANDRA LANE  
JACKSONVILLE, FL 32208

SUBJECT: PROFESSIONAL OPTIONS 2015 EXPO, INC.  
Ref. Number: W15000003509

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15 FEB 12 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PROFESSIONAL OPTIONS 2015 EXPO, INC. and your check(s) totaling \$88.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00001029