

P15000017271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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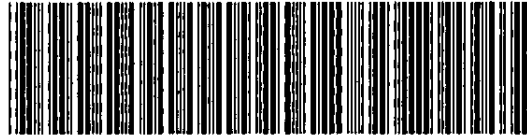
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: George Sitzgreaves, PA
(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: George Sitzgreaves
Name (Printed or typed)
4020 Hodges Blvd Apt 1308
Address
Jacksonville FL 32224
City, State & Zip
904 742 3704
Daytime Telephone number
Gsitzgreaves70@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:

George Sitzgreaves PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4090 Hodges Blvd Apt 1302
Jacksonville FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

conducting real estate
transactions as a sales representative

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George Sitzgreaves Pres.

Name and Title: _____

Address

4090 Hodges Blvd
Apt 1302

Address: _____

Jacksonville FL 32224

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: George Sitarneves

Address:

4090 Hodges Blvd Apt 1308
Jacksonville FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

George Sitarneves

Address:

4090 Hodges Blvd Apt 1308
Jacksonville FL 32224

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

George Sitarneves
Required Signature/Registered Agent

2/16/15
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.

George Sitarneves
Required Signature/Incorporator

2/16/15
Date

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TALLAHASSEE FLORIDA