

P15000019454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

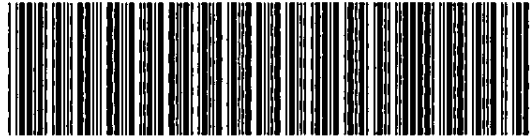
(Document Number)

Certified Copies _____ Certificates of Status _____

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WIS-10107

Office Use Only



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02/04/15--01012--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 27 PM 1:04

APPROVED
AND
FILED

VA

COVER LETTER

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

SUBJECT: Susan R. Woods 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: Susan R. Woods
Name (Printed or typed)
3876 North Eagle Point
Address
Crystal River, Florida 34428
City, State & Zip
352-601-1175 or 352 794 6418
Daytime Telephone number
sefragan@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2015

SUSAN R. WOODS
3876 NORTH EAGLE POINT
CRYSTAL RIVER, FL 34428

SUBJECT: SUSAN R. WOODS P.A.
Ref. Number: W15000010107

We have received your document for SUSAN R. WOODS 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):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 215A00002865

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: _____

Susan R. Woods P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15 FEB 27 PM 1:04

Mailing address, if different, is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3876 North Eagle Point

Crystal River, Florida 34428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Licensed Florida Real Estate Sales Associate

ARTICLE IV SHARES

The number of shares of stock is: _____

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan R. Woods, Realtor

Address 3876 North Eagle Point
Crystal River, Fl 34428

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

APPROVED
AND
FILED (cont.)

Name and Title: _____ Name and Title: 15 FEB 27 PM 1:04

Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Susan R. Woods
Address: 3876 North Eagle Point
Crystal River, FL 34428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan R. Woods
Address: 3876 North Eagle Point
Crystal River, FL 34428

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

Susan R. Woods
Required Signature/Registered Agent

Feb. 20, 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.

Susan R. Woods
Required Signature/Incorporator

Feb. 20, 2015
Date