

P15000029807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

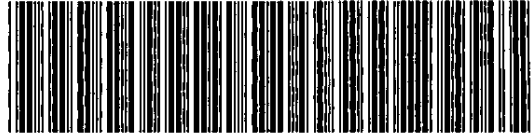
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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RECEIVED  
MAR 24 2015  
7:40 AM

Office Use Only

W15000020886

APR 02 2015

I. SCOTT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2015

LEANNA PRENDERGAST-KELLY  
4752 GRAPEVINE WAY  
DAVIE, FL 33331

SUBJECT: LEANNA PRENDERGAST-KELLY, P.A.  
Ref. Number: W15000020886

We have received your document for LEANNA PRENDERGAST-KELLY, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporation can not be its own officer.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 115A00005976

## COVER LETTER

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

Leanna Prendergast-Kelly, P.A.

**SUBJECT:** \_\_\_\_\_

(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: \_\_\_\_\_  
Leanna Prendergast-Kelly  
Name (Printed or typed)  
4752 Grapevine Way  
Address  
Davie, FL 33331  
City, State & Zip  
954-594-5080  
Daytime Telephone number  
leannakelly@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

Leanna Prendergast-Kelly, P.A.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4752 Grapevine Way

Davie, FL 33331

**ARTICLE III PURPOSE**

Real Estate Services

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

1

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Leanna Prendergast-Kelly, \_\_\_\_\_

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

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

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

4752 Grapevine Way

Davie, FL 33331

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

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

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

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

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

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

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

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

15 APR - 1 AM 7:40

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: Leanna Prendergast-Kelly  
Address: 2060 N. Bayshore Drive  
Miami, FL 33137

**ARTICLE VII INCORPORATOR**

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

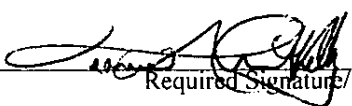
Name: Leanna Prendergast-Kelly  
Address: 4752 Grapevine Way  
Davie, FL 33331

*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

3/17/15  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

3/17/15  
Date