

P15000029807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

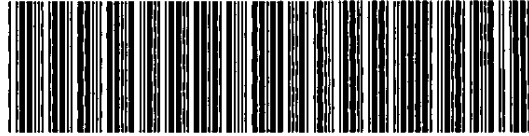
Special Instructions to Filing Officer:

Office Use Only

W15000020886

APR 10 2 2015

L. SCOTT



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15 APR -1 AM 7:40



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

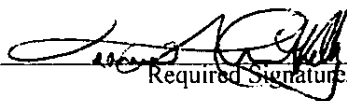


Required Signature Registered Agent

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