

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**\*RE-SUBMIT\***

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
JENNIFER LINEHAN, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	045
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Electronic Filing Menu

Corporate Filing Menu

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MD 4/22

4/21/2015 9:59:41 AM From: To: 8506176381( 2/5 )  
3/20/2015 11:44:43 AM PAGE 1/001 FAX SERVER



April 20, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

**\*RE-SUBMIT\***

SUBJECT: JENNIFER LINEHAN, P.A.  
REF: W15000027412

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanna Dickey  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000094540  
Letter Number: 515A00007825

P.O BOX 6327 - Tallahassee, Florida 32314

15 APR 21 AM 10:12  
TALLAHASSEE, FLORIDA

4/21/2015 9:59:41 AM From: To: 8506176381( 3/5 )

## COVER LETTER

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

SUBJECT: Jennifer Linehan, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Thomas Luzier, Esq.  
Name (Printed or typed)

P.O. Box 3948  
Address

Sarasota, FL 34230  
City, State & Zip

941-366-0115  
Daytime Telephone number

tluzier@dunlapmoran.com  
E-mail address: (to be used for future annual report notification)

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

4/21/2015 9:59:41 AM From: To: 8506176381( 4/5 )

**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 Jennifer Linehan, P.A.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

1525 S. Lodge Drive  
Sarasota, FL 34239

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: professional real estate services  
and any activity or business associated and permitted  
therewith within the State of Florida.

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

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

Name and Title:	<u>Jennifer Linehan, P/T/S</u>	Name and Title:	_____
Address	<u>1525 S. Lodge Drive</u>	Address:	_____
	<u>Sarasota, FL 34239</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

4/21/2015 9:59:41 AM From: To: 8506176381( 5/5 )

(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: Thomas Luzier, Esq.  
Address: 22 S. Links Avenue, Suite 300  
Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Thomas Luzier, Esq.  
Address: 22 S. Links Avenue, Suite 300  
Sarasota, FL 34236

*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*

[Signature]  
Required Signature/Registered Agent

4/16/15  
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.*

[Signature]  
Required Signature/Incorporator

4/16/15  
Date

15 APR 17 AM 8:46  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-10-2010 BY 60322  
UCBAW