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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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15 JUN 29 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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VH

COVER LETTER

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

SUBJECT: Affordable Mediation and Parenting Coordination, Inc.

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Nicole Spence, Esq.

Name (Printed or typed)

210 Del Prado Blvd. S., Ste 6

Address

Cape Coral, FL 33990

City, State & Zip

(239) 980-3689

Daytime Telephone number

AffordableMPC@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Affordable Mediation and Parenting Coordination, Inc.

15 JUN 29 PM 12:12

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address SECRETARY OF STATE
TALLAHASSEE FLORIDA

210 Del Prado Blvd. S., Ste 6

Cape Coral, FL 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide mediation and parenting coordination services at an affordable prices.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole Spence, Esq. Owner

Name and Title: _____

Address 210 Del Prado Blvd. S., Ste 6

Address: _____

Cape Coral, FL 33990

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

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

15 JUN 29 PM 12:12

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: _____ Nicole Spence, Esq.
Address: _____ 210 Del Prado Blvd. S., Ste 6
_____ Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

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

Name: _____ Nicole Spence, Esq.
Address: _____ 210 Del Prado Blvd. S., Ste 6
_____ Cape Coral, FL 33990

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/25/15
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

6/25/15
Date