

P15000062282

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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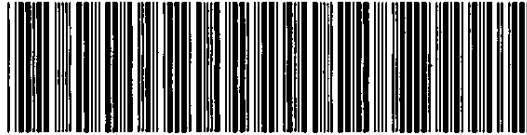
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 21 PM 4:21

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2015 JUL 27 10:15

COVER LETTER

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

SUBJECT: Gregory P Sujack Incorporated

(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: Gregory P Sujack

Name (Printed or typed)

16675 Forest Boulevard # 103

Address

Ft Myers, FL 33908

City, State & Zip

773/456-4785

Daytime Telephone number

gsujack@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)

ARTICLE I NAME

The name of the corporation shall be: Gregory P Sujack Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16675 Forest Boulevard Suite # 103

Fort Myers, FL 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for a Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory P Sujack ~ President

Name and Title: _____

Address 16675 Forest Boulevard Suite # 103

Address: _____

Fort Myers, FL 33908

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Donald E Sujack
Address: 16241 Fairway Woods Drive #1101
Ft. Myers, FL 33908

ARTICLE VII INCORPORATOR

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

Name: Donald E Sujack
Address: 16241 Fairway Woods Drive #1101
Ft Myers, FL 33908

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TALLAHASSEE, FLORIDA

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

DESJ
Required Signature/Registered Agent

7/14/15
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.

DESJ
Required Signature/Incorporator

7/14/15
Date