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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

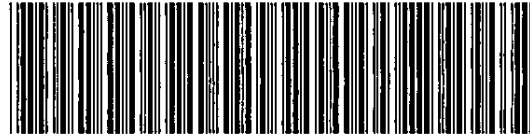
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 11 2015

## COVER LETTER

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

**SUBJECT:** Sandra W.Ort & Associates,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  
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:** Sasndra W Ort & Associates,Inc.

\_\_\_\_\_  
Name (Printed or typed)

2703 South Cove View Dr.

\_\_\_\_\_  
Address

Jacksonville,Fl. 32257

\_\_\_\_\_  
City, State & Zip

904-444-9260

\_\_\_\_\_  
Daytime Telephone number

ortsandr2@g-mail.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: Sandra W Ort & Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2703 South Cove View Dr.  
Jacksonville, FL 32257

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

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

Name and Title: Sasndra W Ort, Director

Name and Title:

Address

2703 South Cove View Dr.

Address:

Jacksonville, FL 32257

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: Sandra W Ort

Address: 2703 South Cove View Dr.

Jacksonville, Fl 32257

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**ARTICLE VII INCORPORATOR**

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

Name: Sandra W Ort

Address: 2703 South Cove View Dr.

Jacksonville, Fl 32257

**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*

Sandra W. Ort

Required Signature/Registered Agent

8-27-2015

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.*

Sandra W. Ort

Required Signature/Incorporator

8-27-2015

Date