

P15000074630

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

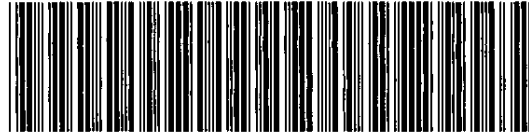
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W15-
57072

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15 SEP 10 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JAMIE ENGEL, PA

(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: JAMIE ENGEL

Name (Printed or typed)

138 OCEAN VIEW DRIVE

Address

TAVERNIER, FL 33070

City, State & Zip

305 394-2500

Daytime Telephone number

JAMIE.ENGEL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2015

JAMIE ENGEL
138 OCEAN VIEW DRIVE
TAVERNIER, FL 33070

SUBJECT: JAMIE ENGEL, PA
Ref. Number: W15000057072

We have received your document for JAMIE ENGEL, PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 015A00018151

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: JAMIE ENGEL, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
138 OCEAN VIEW DRIVE
TAVERNIER, FL 33070

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PURPOSES

REAL ESTATE SALES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMIE ENGEL, PRESIDENT

Address 138 OCEAN VIEW DRIVE
TAVERNIER, FL 33070

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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15 SEP 10 PM 4:19
SECRETARY OF STATE
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: JAMIE ENGEL
Address: 138 OCEAN VIEW DRIVE
TAVERNIER, FL 33070

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMIE ENGEL
Address: 138 OCEAN VIEW DRIVE
TAVERNIER, FL 33070

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 15, 2015 (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.)

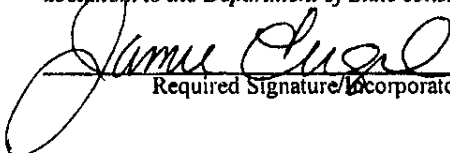
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/12/2015
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.


Required Signature/Incorporator

8/12/2015
Date