

PL50000 80214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

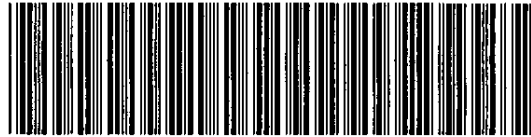
(Document Number)

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15-56248

MD 9/29

## COVER LETTER

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

**SUBJECT:** John Detrick 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** John Detrick

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

14033 Beechtree Ct

\_\_\_\_\_  
Address

Hudson FL

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

727 418 0191

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

2tropisol@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 24, 2015

JOHN DETRICK  
14033 BEECHTREE CT.  
HUDSON, FL 34667

SUBJECT: JOHN DETRICK P.A.  
Ref. Number: W15000056248

We have received your document for JOHN DETRICK P.A. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00017838

**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: John Detrick P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14033 Beechtree Ct

Hudson FL 34667

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate sales

**ARTICLE IV SHARES**

The number of shares of stock is:

8 100 JM

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

Name and Title: John Detrick President

Name and Title: \_\_\_\_\_

Address 14033 Beechtree Ct

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

Hudson FL 34667

Name and Title: Colette Forget Vice President

Name and Title: \_\_\_\_\_

Address 14033 Beechtree Ct

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

Hudson FL 34667

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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: John Detrick  
Address: 14033 Beechtree Ct  
Hudson FL 34667

15 SEP 28 AM 11:12  
FILED - DEPT. OF STATE

**ARTICLE VII INCORPORATOR**

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

Name: John Detrick  
Address: 14033 Beechtree Ct  
Hudson FL 34667

**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*

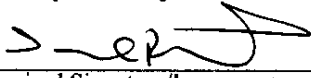


Required Signature/Registered Agent

08/12/15

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

08/12/15

Date