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APPROVAL
AND
FILED
15 OCT -9 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Kathleen A. Smith, P.A., Attorney at Law

(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: Kathleen A. Smith

Name (Printed or typed)

P.O. Box 2646

Address

Titusville, FL 32781

City, State & Zip

321-543-6755

Daytime Telephone number

kathleenasmith1@aol.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: Kathleen A. Smith, P.A., Attorney at Law

15 OCT -9 PM 1:59

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2323 S. Washington Avenue, Suite 207

P.O. Box 2646

Titusville, FL 32780

Titusville, FL 32781

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide legal services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathleen A. Smith, DPST Name and Title: _____

Address 2323 S. Washington Avenue Address: _____

Suite 207 _____

Titusville FL 32780 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: 13 OCT -9 PM 1:59

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: Kathleen A. Smith

Address: 2323 S. Washington Avenue, Suite 207

Titusville, FL 32780

ARTICLE VII INCORPORATOR

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

Name: Kathleen A. Smith

Address: 2323 S. Washington Avenue, Suite 207

Titusville, FL 32780

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

Kathleen A. Smice
Required Signature/Registered Agent

Required Signature/Registered Agent

10/7/15
Date

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.

Kathleen A. Smith
Required Signature/Incorporator

Required Signature/Incorporator

10/7/15
Date

Date _____