P15000086 | S0

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



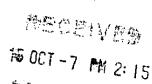


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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2015

JOHN W. POMROY 304 KINGSLEY LAKE DR SUITE 601 ST AUGUSTINE, FL 32092

SUBJECT: JOHN W POMROY INC. Ref. Number: W15000062947

We have received your document for JOHN W POMROY INC. 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 registered agent must sign accepting the designation.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 715A00020015

www.sunbiz.org

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COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	DY LNC. TENAME – MUST INCLI	UDE SUFFIX)
	(FROTOSED CORTOR	<u> </u>	<u> </u>
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	JOHN W Por	リピッソ e (Printed or typed)	
	304 KINGSLEY L	AKE DE SUI	TE 601
	ST AVBUSTINE	FL 32092 , State & Zip	
	#\$4 321 258 96 Daytime	75 Telephone number	·- <u></u>
	IWPOMROY (D L-M E-mail address: (to be use	AIL . LOM ed 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)

TICLE II PRIN	ICIPAL OFFICE Principal street address	M	Mailing address, if different is	;
•	EY LAKE Dr SUITE 601			
	FL 32092 POSE In the corporation is organized is:	solicit A end investi	merhed, and advis	.e
TICLE V INIT	of stock is: 100 IAL OFFICERS AND/OR DIRECTORS			15 OCT
number of shares of	of stock is: 100	OF Name and Title:		15 OCT - 7 AM 8: 0
TICLE V INIT Name and Ti Address	of stock is: 100 IAL OFFICERS AND/OR DIRECTORS	Name and Title:		A

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