

P15000098278

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 DEC -3 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 2, 2015

Registration Section

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Reference Kathryn Young, PA

Document Number P14000035735

Dear Department:

It has come to my attention that the annual report for 2014 was not filed timely and therefore my corporation was administratively dissolved.

At this time I would like for the department to release this document number P14000035735 for Kathryn Young, PA. I am the president of this corporation and am authorized to release this document number.

I am also enclosing articles that I would request the department to file for me at this time.

Thanking you in advance for your help in getting these matters resolved.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathryn S Young", written in a cursive style.

Kathryn S Young

President

## COVER LETTER

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

**SUBJECT:** KATHRYN YOUNG, 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      ☐ \$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:** KATHRYN YOUNG, PA

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

84 OYSTER BAY LANE

\_\_\_\_\_  
Address

FORT MYERS BEACH, FL 33931

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

239-691-2824

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

tideline2681@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)

**ARTICLE I NAME**

The name of the corporation shall be: KATHRYN YOUNG, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

84 OYSTER BAY LANE

FORT MYERS BEACH, FL 33931

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FLORIDA REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: KATHRYN S. YOUNG, PRESIDENT

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

Address 84 OYSTER BAY LANE

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

FORT MYERS BEACH, FL 33931

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

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

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

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

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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: LAWRENCE SWAN

Address: 709 CAPE CORAL PKWY W

CAPE CORAL, FL 33914

**ARTICLE VII INCORPORATOR**

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

Name: KATHRYN S. YOUNG, PA

Address: 84 OYSTER BAY LANE

FORT MYERS BEACH, FL 33931

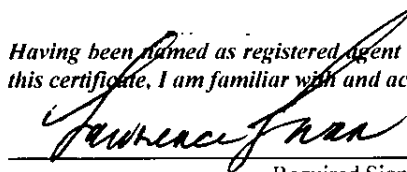
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/2/15. (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*

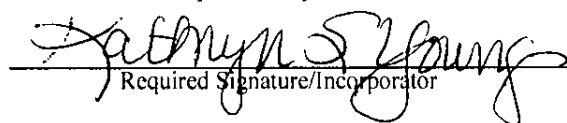


Required Signature/Registered Agent

10/2/15

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

10/2/15

Date