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(Business Entity Name)

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TALLAHASSEE, FLORIDA

11/16-1401

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COVER LETTER

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

SUBJECT: DIVORCE and MEDIATION, INC.
(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: BARBARA MEHL
Name (Printed or typed)

1402 SUNSLIDE DRIVE
Address

JUPITER FL 33458
City, State & Zip

561-707-5395
Daytime Telephone number

MEHL.BARBARA@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

January 11, 2016

BARBARA MEHL
1402 SUNSHINE DRIVE
JUPITER, FL 33458

SUBJECT: DIVORCE AND MEDIATION, INC.
Ref. Number: W16000001401

We have received your document for DIVORCE AND MEDIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 816A00000580

Corrected
COVER LETTER

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

SUNSHINE STATE
SUBJECT: DIVORCE and MEDIATION, INC.
(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

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FROM: BARBARA MEHL
Name (Printed or typed)

1402 SUNSHINE DRIVE
Address

JUPITER FL 33458
City, State & Zip

561-707-5395
Daytime Telephone number

MEHL.BARBARA@gmail.com
E-mail address: (to be used for future annual report notification)

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

CORRECTED

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: SUNSHINE STATE
DIVORCE and MEDIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1402 SUNSHINE DRIVE
JUPITER FL 33458

1402 SUNSHINE DRIVE
JUPITER FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE DIVORCE COACHING
and pre-filing divorce services, utilizing
MEDIATION TECHNIQUES.

ARTICLE IV SHARES

The number of shares of stock is: 100

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STATE
FLORIDA
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA MEHL Name and Title: _____

Address: CEO Address: _____

1402 SUNSHINE DRIVE

JUPITER FL 33458

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: BARBARA MEHL

Address: 1402 SUNSHINE DRIVE
JUNIOR, FL 32458

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: BARBARA MEHL

Address: 1402 SUNSHINE DRIVE
JUNIOR, FL 32458

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN. 1, 2016 (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

B. Mehl

Required Signature/Registered Agent

12/17/15

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.

B. Mehl

Required Signature/Incorporator

12/17/15

Date