P16000009137

(Requestor's Name)					
(Ac	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
/R:	isiness Entity Nam	(a)			
, (60	isiness Litaty Nam	ie)			
(1)0	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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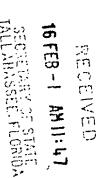


FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2016

DEBRA A. ROTH 2200 OCEAN DR. S., PH 3 JACKSONVILLE, FL 32250

SUBJECT: DEBRA A ROTH, PA Ref. Number: W16000004159



We have received your document for DEBRA A ROTH, PA and your check(s) totaling \$78.75. 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.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P14000059393 (DEBRA A ROTH, PA).

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 416A00001358

COVER LETTER

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

SUBJECT:	Debra A Rot (PROPOSED CORPOR	h, PA			
	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
ADDITIONAL COPY REQUIRED					
FROM: Debra A Roth Name (Printed or typed)					
2200 Ocean Dr S, PH3					
Jackson ville Beach FL 32250 City, State & Zip					
352 263 3161 Daytime Telephone number					
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)

The name of the corporation shall be:	Roth, PA
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
2200 Ocean Dr. S, PH3	3
Jacksonvilla Beach, FL, 32	250
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Realtor Realestate listing
and seles	<u> </u>
	on and
ARTICLE IV SHARES	
The number of shares of stock is:/()	
ARTICLE V INITIAL OFFICERS AND/OR DIRI	ECTORS - P
Name and Title: Debra Rot	h Prosubt Name and Title:
Address 2200 Olen Dr S	
Jacksonville Beach	<u></u>
Name and Title:	Name and Title:
Address	Address:
 	
Name and Title:	Name and Title:
Address	Address:

Name and	d 11tte:	Name and Title:	
Address		Address:	
		 -	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Debra Roth	<u> </u>	<u> </u>
Address:	2000 Ocen Dr.S. PH3		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
,	Secksonville Beach, Fr. 3000	50	9 - TASK
ARTICLE VII	INCORPORATOR		PHI2: 18
The name and ad	Idress of the Incorporator is:		ATE ATE
Name:	Debrah Roth		
Address:	Jacksonville Beach, PL:	<u>3</u> 322 SO	
Effective date, if	EFFECTIVE DATE: other than the date of filing:/-/0-20/2 ate is listed, the date must be specific and can ling.)		
	inserted in this block does not meet the applicable ffective date on the Department of State's record		, this date will not be listed as
	ned as registered agent to accept service of proc am familiar with and accept the appointment as		
(6)	a a Vara		1-5-2016
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fe		
Wel	C Just		1-5-2016
Requi	red Signature/Incorperator		Date