

P16 000014740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

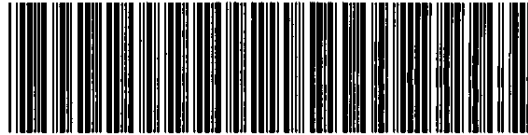
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/23/15--01023--004 **70.00

FILED
16 JAN 19 PM 1:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CBH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2015

KEVIN PROULX
195 WEKIVA SPRINGS RD
SUITE 204
LONGWOOD, FL 32779 US

SUBJECT: KEVIN PROULX, P.A.
Ref. Number: W15000079416

RECEIVED
16 JAN 19 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for KEVIN PROULX, P.A. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Tina D Cannon
Regulatory Specialist II

Letter Number: 815A00025796

KEMP & PROULX, P. L.
Attorneys at Law
195 Wekiva Springs Rd. Suite 204
Longwood, Fl. 32779

Julian T. Kemp, Esq.
Kevin Proulx, Esq.

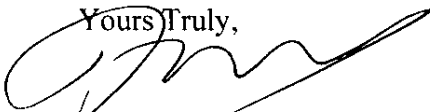
Tel. (407) 774-6100
Fax. (407) 862-6100

To: Florida Department of State Division of Corporations

Dear Sirs,

As instructed I am writing this letter to articulate my intention not to renew my Fictitious name Kevin Proulx, P.A. Document Number 13000070747 and am submitting an application for new articles of incorporation.

Yours Truly,



Kevin Proulx, Esq.

Dated: November 18, 2015

FILED
16 JAN 19 PM 1:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT:

Kevin Proulx, P.A.

(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:

Kevin Proulx

Name (Printed or typed)

195 Weeping Springs Rd.

Address

Suite 204 Longwood, FL 32779

City, State & Zip

407 774-6100

Daytime Telephone number

kproulxlaw@yahoo.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: Kevin Prox, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
195 We Kevin Springs Rd.
Suite 204
Longwood, FL 32779

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice of Law

ARTICLE IV SHARES

The number of shares of stock is: ~~100~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Prox/Owner Name and Title: _____

Address: 195 We Kevin Springs Rd. Address: _____

Suite 204

Longwood, FL 32779

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: Kevin Prolx

Address: 195 Wekiva Springs Rd.
Suite 204 Longwood, FL 32779

ARTICLE VII INCORPORATOR

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

Name: Kevin Prolx

Address: 195 Wekiva Springs Rd.
Suite 204 Longwood, FL 32779

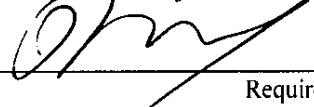
ARTICLE VIII EFFECTIVE DATE:

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

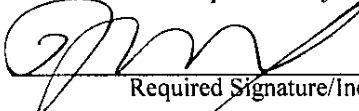


Required Signature/Registered Agent

12-18-15

1-13-16
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

12-18-15

1-13-16
Date