

P16000025732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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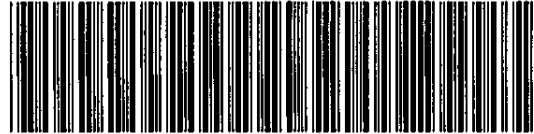
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/14/16--01016--001 **70.00

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16 MAR 14 PM 1:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: Law Offices of Audrey Hildes Schechter, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Audrey Hildes Schechter
Name (Printed or typed)

c/o J.W. Dodson Law, 310 Wildwood Way
Address

Clearwater, Florida 33756
City, State & Zip

727-687-5530
Daytime Telephone number

audreyschechterlaw@gmail.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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Law Offices of Audrey Hildes Schechter, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

310 Wildwood Way

P.O. Box 445

Clearwater, Florida 33756

Largo, Florida 33779

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: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audrey Hildes Schechter, Officer Name and Title: _____

Address P.O. Box 445 Address: _____

Largo, Florida 33779 _____

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: Audrey Hildes Schechter

Address: 310 Wildwood Way

Clearwater, Florida 33756

ARTICLE VII INCORPORATOR

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

Name: Audrey Hildes Schechter

Address: P.O. Box 445

Largo, Florida 33779

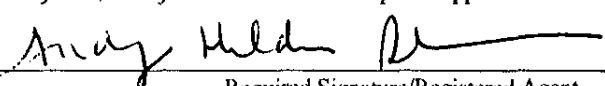
ARTICLE VIII EFFECTIVE DATE:

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.)

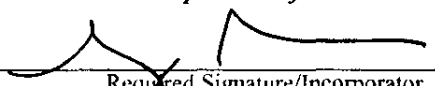
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/16/16
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

2/16/16
Date