

P/6000027694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

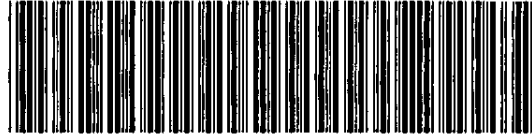
Special Instructions to Filing Officer:

OK to file per
Andy Dunlap

3/29/16

~~1016-13358~~

Office Use Only



100281908991

02/16/16--01027--002 **78.75

FILED

16 MAR 25 AM 8:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Angela Grimes 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:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Angela Grimes
Name (Printed or typed)

1301 Bayview Dr #2
Address

Ft. Lauderdale, Fl 33304
City, State & Zip

954-783-5495
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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2016

ANGELA GRIMES
1301 BAYVIEW DR #2
FT. LAUDERDALE, FL 33304

SUBJECT: ANGELA GRIMES P.A.
Ref. Number: W16000013358

We have received your document for ANGELA GRIMES P.A. 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 specific business purpose of the professional association must be stated in the document.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 716A00003729

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Angela Grimes P.A.

16 MAR 25 AM 8:02

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAILING ADDRESS
TALLAHASSEE FLORIDA

1301 Bayview Dr #2

Ft. Lauderdale, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Financial Planning

The purpose of this corporation is to engage in the profession of financial planning and any other lawful activities (other than banking business or trust company business) not prohibited to a corporation engaging in such profession by applicable laws + regulations.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Angela Grimes, Pres

Name and Title:

Address

1301 Bayview Dr #2

Address:

Ft. Lauderdale, FL 33304

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

16 MAR 25 AM 8:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Angela Grimes
Address: 1301 Bayview Dr #2
Ft Lauderdale, FL 33304

ARTICLE VII INCORPORATOR

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

Name: Angela Grimes
Address: 1301 Bayview Dr #2
Ft Lauderdale FL 33304

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

Angela Grimes

Required Signature/Registered Agent

2-1-16

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.

Angela Grimes

Required Signature/Incorporator

2-1-16

Date