

P 16 000033640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

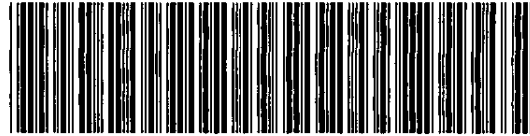
(Document Number)

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16 APR 12 PM 2:00

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FEB 13 2016  
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4/15/14

W 16 000015540

## COVER LETTER

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

**SUBJECT:** Rob Gaudreau, 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:** Rob Gaudreau

Name (Printed or typed)

5943 Calais Way # F

Address

Orlando, FL 32822

City, State & Zip

407-579-2737

Daytime Telephone number

rob32801@gmail.com

E-mail address: (to be used for future annual report notification)

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

FILED  
16 APR 12 PM 2:00  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2016

ROBERT GAUDREAU  
5943 CALAIS WAY  
APT. F  
ORLANDO, FL 32822

SUBJECT: ROBERT GAUDREAU, P.A.  
Ref. Number: W16000015540

We have received your document for ROBERT GAUDREAU, 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):

You failed to make the correction(s) requested in our previous letter.

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.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00004360

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16 APR 12 PM 2:00  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

16 APR 12 PM 2:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

December 7, 2015

ROBERT GAUDREAU  
5943 CALAIS WAY #F  
ORLANDO, FL 32822

SUBJECT: ROBERT GAUDREAU, P.A.  
Ref. Number: W15000078752

We have received your document for ROBERT GAUDREAU, 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.*

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 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00025565

16 FEB 24 APR 10:28

**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: Rob Gaudreau, P.A.

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16 APR 12 PM 2:00

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5943 Calais Way # F

Orlando FL 32822

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real estate sales and property management

**ARTICLE IV SHARES**

The number of shares of stock is: One

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rob Gaudreau, CEO

Name and Title: \_\_\_\_\_

Address 5943 Calais Way # F

Address: \_\_\_\_\_

Orlando FL 32822

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: Rob Gaudreau \_\_\_\_\_

Address: 5943 Calais Way # F \_\_\_\_\_

Orlando FL 32822 \_\_\_\_\_

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16 APR 12 PM 2:00  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Rob Gaudreau \_\_\_\_\_

Address: 5943 Calais Way # F \_\_\_\_\_

Orlando FL 32822 \_\_\_\_\_

**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

4-6-16  
\_\_\_\_\_  
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

4-6-16  
\_\_\_\_\_  
Date