

P160000 36634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

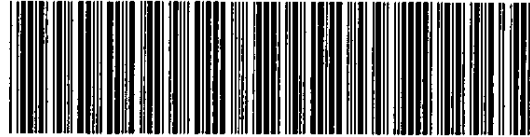
Special Instructions to Filing Officer:

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APR 26 2016

T. SCOTT



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 25 PM 12:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2016

WILLIAM PAUL SETTLES JR.
230 S TAMiami TRAIL
VENICE, FL 34285

SUBJECT: BUCK SETTLES, P.A.
Ref. Number: W16000029461

We have received your document for BUCK SETTLES, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 516A00008225

COVER LETTER

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

SUBJECT: Buck Settles, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: William Paul Settles, Jr.

Name (Printed or typed)

230 S. Tamiami Trail

Address

Venice, FL 34285

City, State & Zip

941-685-3600

Daytime Telephone number

Bucksettles@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)

ARTICLE I NAME

The name of the corporation shall be: Buck Settles, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

230 S. Tamiami Trail

Venice, FL 34285

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Paul Settles, Jr.

Name and Title: _____

Address 230 S. Tamiami Trail

Address: _____

Venice, FL 34285

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 25 PM 12:00

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: William Paul Settles, Jr. _____

Address: 230 S. Tamiami Trail _____

Venice, FL 34285 _____

ARTICLE VII INCORPORATOR

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

Name: William Paul Settles, Jr. _____

Address: 230 S. Tamiami Trail _____

Venice, FL 34285 _____

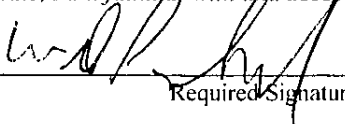
ARTICLE VIII EFFECTIVE DATE:

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

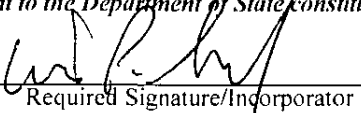


Required Signature/Registered Agent

4/12/16

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

4/12/16

Date