

PI6000039841

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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03/04/16--01023--017 **78.75

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2016 MAY -6 PM 12:15
TALLAHASSEE FL 32301

MAY - 9 2016

T. BROWN

COVER LETTER

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

SUBJECT:

Tracey Spanola 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:

Tracey Spanola

Name (Printed or typed)

5109 Frontiersmen Way

Address

Plant City, Florida 33565

City, State & Zip

813-335-5100

Daytime Telephone number

tspanola@brokerstitle.net

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

March 14, 2016

TRACEY SPANOLA
5109 FRONTIERSMEN WAY
PLANT CITY, FL 33565

SUBJECT: TRACEY SPANOLA, P.A.
Ref. Number: W16000018878

We have received your document for TRACEY SPANOLA, 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.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 716A00005208



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2016

TRACEY SPANOLA
5109 FRONTIERSMEN WAY
PLANT CITY, FL 33565

SUBJECT: TRACEY SPANOLA, P.A.
Ref. Number: W16000018878

We have received your document for TRACEY SPANOLA, 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 specific business purpose of the professional association must be stated in the document.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 816A00007280

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: Tracey Spanda, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5109 Frontiersmen Way
Plant City, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LICENSED TITLE Insurance Agent to perform
Closings

ARTICLE IV SHARES

The number of shares of stock is: _____

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracey Spanda, President Name and Title: _____

Address: 5109 Frontiersmen Way Address: _____
Plant City, FL 33565

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: Tracey Spanda

Address: 5109 Frontiersmen way
Plant City, FL 33565

ARTICLE VII INCORPORATOR

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

Name: Tracey Spanda

Address: 5109 Frontiersmen way
Plant City, FL 33565

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

Tracey Spanda
Required Signature/Registered Agent

3/29/16
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.

Tracey Spanda
Required Signature/Incorporator

3/29/16
Date