

P16 000069789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

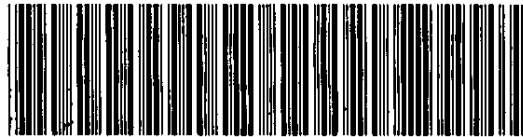
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/15/16--01011--016 **78.75

16 AUG 10 PM 12:24

FILED
SEC. OF STATE
7/1/16
2016

MJM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2016

REBECCA DOUGLAS
1024 CAREW AVE
ORLANDO, FL 32804

SUBJECT: REBECCA DOUGLAS P.A.
Ref. Number: W16000051244

RECEIVED
16 AUG 10 AM 11:43
TALLAHASSEE, FLORIDA

We have received your document for REBECCA DOUGLAS 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.

You must list at least one incorporator with a complete business street address.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 516A00015414

REC'D
16 AUG 10 PM 12:24
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Rebecca Douglas 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: Rebecca Douglas
Name (Printed or typed)

1024 Carew Ave
Address

Orlando, FL 32804
City, State & Zip

407-446-0192
Daytime Telephone number

becky.douglas24@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Rebecca Douglas P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1024 Carew Ave.

Orlando, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real estate

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Rebecca Douglas

Name and Title:

Director

Address

1024 Carew Ave
Orlando, FL
32804

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

16 AUG 10 PM 12:24

SECRET
STATE
OFFICE
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: Rebecca Douglas

Address: 1024 Carew Ave
Orlando, FL 32804

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rebecca Douglas

Address: 1024 Carew Ave
Orlando, FL 32804

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/11/16 (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

 6/11/16
Required Signature/Registered Agent 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.

 6/11/16
Required Signature/Incorporator Date

16 AUG 10 PM 12:24

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SECRET STATE
TALLAHASSEE, FLORIDA