

PI 000078521

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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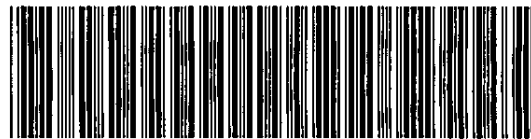
(Business Entity Name)

(Document Number)

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2016 SEP 13 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FL 32391

N. SAMS

SEP 26 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2016

IAN DERAN
401 N. ROME AVE, APT. #4410
TAMPA, FL 33606

SUBJECT: IAN M. DERAN, P.A.
Ref. Number: W16000064195

2016 SEP 13 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for IAN M. DERAN, 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):

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 216A00019882

RECEIVED

16 SEP 16 PM 4:06

CORPORATE
COMMERCIAL
CIVIL SERV

COVER LETTER

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

SUBJECT: Ian M. DeRan 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: Ian DeRan
Name (Printed or typed)
401 N. Rome Ave. Apt. #4410
Address
Tampa, Florida 33606
City, State & Zip
419 574 8506
Daytime Telephone number
ianderan2@yahoo.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: Ian M. DeRan P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
401 N. Rome Ave. Apt. #4410
Tampa, Florida 33606

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct the services
of real estate.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ian DeRan Pres. Name and Title: _____

Address: 401 N. Rome Ave. Address: _____
Apt. #4410 Tampa
FL, 33606

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
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: Ian DeRan
Address: 401 N. Rome Ave. Apt #440
Tampa, FL 33606

ARTICLE VII INCORPORATOR

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

Name: Ian M. DeRan
Address: 401 N. Rome Ave. Apt. #4410
Tampa, Florida 33606

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: 9/8/2016 (OPTIONAL)

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
Date 9/23/16

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
Date 9/8/2016