

P16 DUUD 80975

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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6/6uu64232

OCT 06 2016

T. SCOTT



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09/14/16--01009--016 \*\*78.75

16 OCT -3 AM 8:29



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2016

MELISSA MACE  
12321 DRAKE LN  
SPRING HILL, FL 34609

SUBJECT: MELISSA M. MACE, P.A.  
Ref. Number: W16000064232

RECEIVED  
16 OCT -3 PM 2:55  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for MELISSA M. MACE, 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 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.

Incorporator must sign .,

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. **Please disregard this letter, if you have contacted our office and were advised how to correct your document online.**

If you have any further questions concerning your filing, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 616A00019911

## COVER LETTER

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

SUBJECT: MELISSA M. MACE, PA  
(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: MELISSA MACE  
Name (Printed or typed)

12321 DRAKE LN  
Address

SPRING HILL, FL 34609  
City, State & Zip

352-585-0432  
Daytime Telephone number

MELISSA@MYCLOSINGADVISER.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: MELISSA M. MACE, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12321 DRAKE LN  
SPRING HILL, FL 34609

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE  
PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is: ZERO ONE MM

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

Name and Title: MELISSA MACE - DIRECTOR Name and Title: \_\_\_\_\_

Address: 12321 DRAKE LN Address: \_\_\_\_\_  
SPRING HILL, FL 34609

16 OCT - 3 AM 9:21

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: MELISSA M. MACE  
Address: 12321 DRAKE LN  
SPRING HILL, FL 34609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MELISSA M. MACE  
Address: 12321 DRAKE LN  
SPRING HILL, FL 34609

**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*

Melissa M. Mace  
Required Signature/Registered Agent

9/12/16  
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.*

Melissa M. Mace  
Required Signature/Incorporator

9/29/16  
Date