

P16000082088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

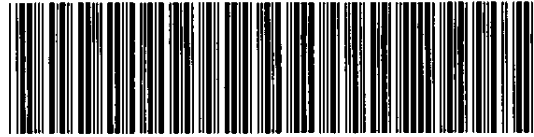
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 10 PM 12:40
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
16 OCT 10 PM 12:40

V HERRING

OCT 10 2016

COVER LETTER

WILL WAIT

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

SUBJECT: PROJECT DOCUMENTATION PRO, INC.

(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: AMY L. HAND

Name (Printed or typed)

7878 REYNOLDS CT

Address

TALLAHASSEE, FL 32312

City, State & Zip

Daytime Telephone number

amy8to6@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: PROJECT DOCUMENTATION PRO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

7878 REYNOLDS CT

TALLAHASSEE, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMY L. HAND

Name and Title: DIRECTOR

Address 7878 REYNOLDS CT

Address: _____

TALLAHASSEE, FL 32312

Name and Title: AMY L. HAND

Name and Title: PRES., VP., SEC. & TREAS.

Address 7878 REYNOLDS CT

Address: _____

TALLAHASSEE, FL 32312

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 OCT 10 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 OCT 10 PM 12:44
SECOND FLORIDA
TALLAHASSEE

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: AMY L. HAND
Address: 7878 REYNOLDS CT
TALLAHASSEE, FL 32312

ARTICLE VII INCORPORATOR

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

Name: AMY L. HAND
Address: 7878 REYNOLDS CT.
TALLAHASSEE, FL 32312

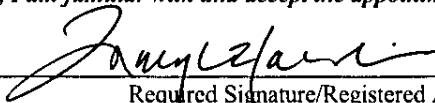
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

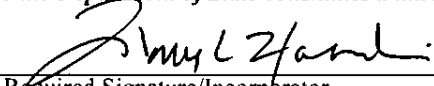
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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	10/10/2016 _____ Date
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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	10/10/2016 _____ Date
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