

P16000091901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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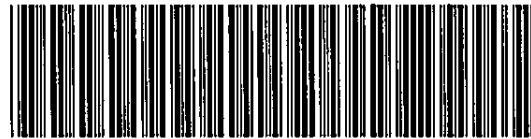
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 17 2016

COVER LETTER

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

SUBJECT: Alastra Mediation & Legal Services, 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 ☒ \$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: Jacqueline Alastra Sullivan
Name (Printed or typed)

545 Virginia Avenue
Address

Port Orange, Florida 32127
City, State & Zip

(386) 256-2201
Daytime Telephone number

jacqueline.alastra@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: Alastra Mediation & Legal Services, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

545 Virginia Avenue

Port Orange, Florida 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide mediation and legal services to clients and practice law.

ARTICLE IV SHARES

The number of shares of stock is: one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Alastra Sullivan, President

Name and Title: _____

Address 545 Virginia Avenue

Address: _____

Port Orange, Florida 32127

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2016 NOV 4 PM 4:21
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Name and Title: _____

Name and Title: _____

FILED

Address _____

Address: _____

2016 NOV 14 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jacqueline Alastra Sullivan

Address: 545 Virginia Avenue

Port Orange, Florida 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Alastra Sullivan

Address: 545 Virginia Avenue

Port Orange, Florida 32127

ARTICLE VIII EFFECTIVE DATE:

November 9, 2016

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

Jacqueline Alastra Sullivan
Required Signature/Registered Agent

11/9/16
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.

Jacqueline Alastra Sullivan
Required Signature/Incorporator

11/9/16
Date