

P/60000932/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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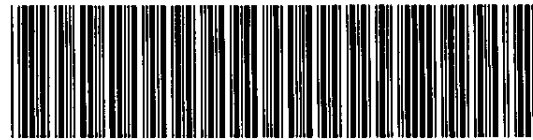
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2016 NOV 23 PM 2:15

W/6-076103

11/28/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2016

SUE HOLLIS
109 PATRICK MILL CIR.
PONTE VEDRA BCH., FL 32082

SUBJECT: SUEHOLLIS, IB "P.A."
Ref. Number: W16000076103

We have received your document for SUEHOLLIS, IB "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 specific business purpose of the professional association must be stated in the document.

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 the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 616A00024126

COVER LETTER

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

SUBJECT: SUEDHOLLIS, IB "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: SUE D. HOLLIS

Name (Printed or typed)

109 PATRICK MILL CIR.

Address

PONTE VEDRA BCH, FL 32082

City, State & Zip

904-616-2681

Daytime Telephone number

SDHOLLIS@COMCAST.NET

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: SUEDHOLLIS, ~~LLC~~ "LLC" Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

109 PATRICK MILL CIR

109 PATRICK MILL CIR

Ponte Vedra Bch Fl 32082

PONTE VEDRA BCH, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ESTABLISH AND CONDUCT AN INTERNET BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: ~~100~~ One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUE D. HOLLIS

Name and Title: _____

Address 109 PATRICK MILL CIR

Address: _____

PONTE VEDRA BCH, FL 32082

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: SUE D. HOLLIS

Address: 109 PATRICK MILL CIR

PONTE VEDRA BCH, FL 32082

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ARTICLE VII INCORPORATOR

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

Name: SUE D. HOLLIS

Address: 109 PATRICK MILL CIR

Ponte Vedra Bch #1 32082

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

Sue D. Hollis

Required Signature/Registered Agent

10-24-16

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.

Sue D. Hollis

Required Signature/Incorporator

10-24-16

Date