

Dec. 6. 2016 11:00 AM

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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA
 Account Number : I20000000168
 Phone : (727)322-0909
 Fax Number : (727)322-0520

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RyanColby84@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
RYAN COLBY PA

Certificate of Status	1
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V HERRING
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME
The name of the corporation shall be: RYAN COLBY, PA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
746 115TH AVE N #1805
ST PETERSBURG, FL 33716

Mailing address, if different is:
SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO OPERATE AS A LICENSED REAL ESTATE AGENT.

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RYAN COLBY, PST
Address: 746 115TH AVE N #1805
ST PETERSBURG, FL 33716

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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: DAVID C HASTINGS CPA, PA

Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS CPA

Address: 2207 54TH ST S
GULFPORT, FL 33707

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 days prior or 90 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

 12/06/2016
Required Signature/Registered Agent 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.

 12/06/2016
Required Signature/Incorporator Date

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