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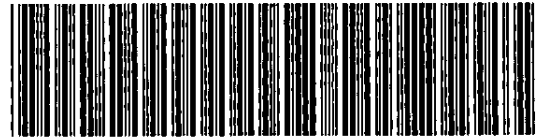
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 28 2016

T SCHROEDER

BY FAX TO: 850 245 681

December 21, 2016

Nadira D McClees-Sams
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ref Number: W16000077789

Nadira,

I do not wish to reinstate Sharon R. Gould, PA under document number P15000014995. Please see the attached rejection letter for new filing as reference.

Thank you,



Sharon R. Gould, PA

16 DEC 27 AM 10:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SHARON R GOULD. 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 ☐ \$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: SHARON R GOULD
Name (Printed or typed)
1609 RIDGEWOOD LANE
Address
SARASOTA, FL 34231
City, State & Zip
941-323-9357
Daytime Telephone number
SHARON.GOULD@FLORIDAMOVES.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: SHARON R GOULD, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
1609 RIDGEWOOD LANE
SARASOTA, FL 34231

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHARON R GOULD, PRES

Name and Title: _____

Address 1609 RIDGEWOOD LANE

Address: _____

SARASOTA, FL 34231

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: SHARON R GOULD

Address: 1609 RIDGEWOOD LANE

SARASOTA, FL 34231

ARTICLE VII INCORPORATOR

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

Name: SHARON R GOULD

Address: 1609 RIDGEWOOD LANE

SARASOTA, FL 34231

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TALLAHASSEE, FLORIDA

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

SR Gould

Required Signature/Registered Agent

11/8/16

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.

SR Gould

Required Signature/Incorporator

11/8/16

Date