

P/700000/482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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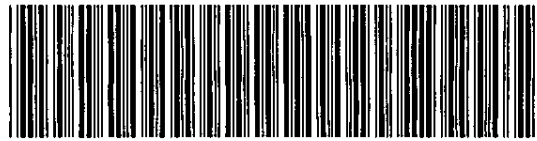
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/17

01/09/17

COVER LETTER

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

SUBJECT: HEATHER GRACE CRAIG, 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: HEATHER GRACE CRAIG

Name (Printed or typed)

284 SW GUARD GLEN

Address

LAKE CITY, FL 32024

City, State & Zip

(386) 466-9223

Daytime Telephone number

heathercraigrealtor@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: HEATHER GRACE CRAIG, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

284 SW GUARD GLEN

LAKE CITY, FL 32024

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HEATHER GRACE CRAIG

Name and Title: P

Address 284 SW GUARD GLEN

Address: _____

LAKE CITY, FL 32024

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
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: HEATHER GRACE CRAIG
Address: 284 SW GUARD GLEN
LAKE CITY, FL 32024

ARTICLE VII INCORPORATOR

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

Name: HEATHER GRACE CRAIG
Address: 284 SW GUARD GLEN
LAKE CITY, FL 32024

11160
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2017 (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

Heather Grace Craig 1/1/2017
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.

Heather Grace Craig 1/1/2017
Required Signature/Incorporator Date