

P170000003977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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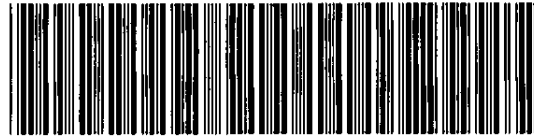
(Business Entity Name)

(Document Number)

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17 JAN 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2016

CHRIS SULLIVAN
P.O. BOX 1489
MARCO ISLAND, FL 34146

SUBJECT: CHRIS SULLIVAN, P.A.
Ref. Number: W16000085540

We have received your document for CHRIS SULLIVAN, 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.

Please return 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) 245-6939.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 016A00027273

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:

CHRIS SULLIVAN, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

599 S COLLIER BLVD #306
MARCO ISLAND, FL 34145

P.O. BOX 1489
MARCO ISLAND, FL 34146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~ANY AND ALL LAWFUL BUSINESS~~
REAL ESTATE SALES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRIS SULLIVAN, PRESIDENT Name and Title: _____

Address 599 S COLLIER BLVD Address: _____
STE 306
MARCO ISLAND, FL 34145

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

4/10/17
Chris
Sullivan
17 JAN 13 AM 9:05
SECRETARY 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: CHRIS SULLIVAN
Address: 599 S COLLIER BLVD #306
MARCO ISLAND, FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRIS SULLIVAN
Address: 599 S COLLIER BLVD #306
MARCO ISLAND, FL 34145

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

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

Chris Sullivan 12/19/16
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.

Chris Sullivan 12/19/16
Required Signature/Incorporator Date