

R17000009589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

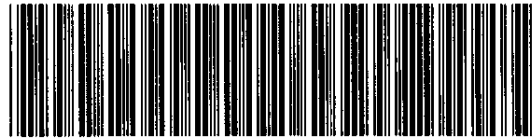
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800290093078

09/22/16--01019--012 **78.75

FILED
17 JAN 30 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/6-065694

~~u~~ 01/31/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2016

COLLEEN KOEHLER
2332 S.W. ALMANSA AVE.
PORT ST. LUCIE, FL 34953

SUBJECT: COLLEEN KOEHLER PA
Ref. Number: W16000065694

We have received your document for COLLEEN KOEHLER PA 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.

No NAME was listed as Officers/Directors.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P140000069986.

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: 516A00020458

TO: DEPARTMENT OF STATE
NEW FILING SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FROM: COLLEEN KOEHLER
2332 SW ALMANSA AVE
PORT SAINT LUCIE, FL 34953
772-215-1007

RE: REVOKING RIGHTS TO DOCUMENT #P14000069986 AND FILING NEW CORPORATION
WITH SAME NAME

NEW FILING SECTION, DIVISION OF CORPORATIONS;

Please be advised that we will not use the previous State document #P14000069986 and
revoke the rights to the aforementioned State document #.

We are submitting a new application for a new corporation and State document # using the same name
of COLLEEN KOEHLER PA

Please accept the attached articles of incorporation and fees of \$78.75.

If you have any questions, please feel free to contact me.

Sincerely,


Colleen Koehler
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: COLLEEN KOEHLER

(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: COLLEEN KOEHLER

Name (Printed or typed)

2332 SW ALMANSA AVE

Address

PORT SAINT LUCIE, FLORIDA 34953

City, State & Zip

772-215-1007

Daytime Telephone number

teamflipit@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: COLLEEN KOEHLER PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2332 SW ALMANSA AVE

PORT SAINT LUCIE, FL 34953

ARTICLE III PURPOSE

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

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT Name and Title: Colleen Koehler

Address 2332 SW ALMANSA AVE Address:

PORT SAINT LUCIE, FL 34953

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: COLLEEN KOEHLER
Address: 2332 SW ALMANSA AVE
PORT SAINT LUCIE, FL 34953

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: COLLEEN KOEHLER
Address: 2332 SW ALMANSA AVE
PORT SAINT LUCIE, FL 34953

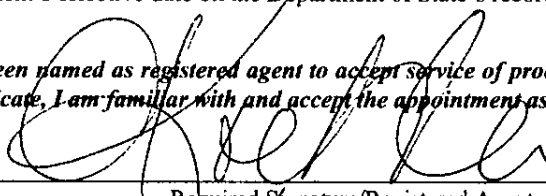
ARTICLE VIII EFFECTIVE DATE:

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

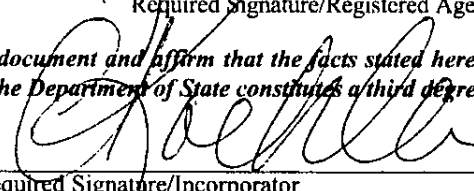


Required Signature/Registered Agent

07-11-2016

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.



Required Signature/Incorporator

07-11-2016

Date