

P/7000039074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

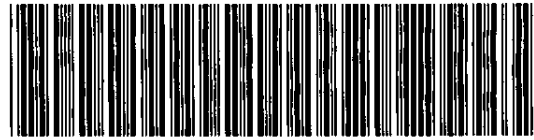
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500298061275

05/01/17--01008--016 **67.50

FILED
17 MAY - 1 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 04/25/17

05/02/17

COVER LETTER

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

SUBJECT: shari nix, 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
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: shari nix

Name (Printed or typed)

1313 Murok Way S

Address

St Petersburg FL 33705

City, State & Zip

7275043130

Daytime Telephone number

snixgal@hotmail.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: Shari Nix, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1313 Murok Way S

St Petersburg FL 33705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales and Leasing

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shari Nix

Name and Title:

Address

1313 Murok Way S

Address:

St Petersburg FL 33706

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
17 MAY -1 AM 10:20
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: Jopseph Nix
Address: 1313 Murok Way S
St Petersburg FL 33705

FILED
17 MAY -1 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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


Name: Shari Nix
Address: 1313 Murok Way S
St Petersburg FL 33705

ARTICLE VIII EFFECTIVE DATE:

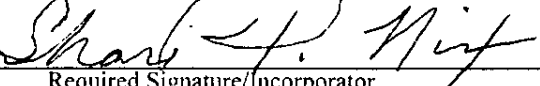
Effective date, if other than the date of filing: 4/25/2017 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____
Required Signature/Registered Agent Date 4/25/17

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.

x  _____
Required Signature/Incorporator Date 4/25/17