P17000039180

(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

WMW10939

MAY 0 2 2017

T. SCOTT



500295110995

02/06/17--01043--011 **87.50

17 MAY -1 AM 8: 46
SECRETARY OF STATE



April 7, 2017

JONATHAN A DARK 622 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983

SUBJECT: JONATHAN A DARK P.A.

Ref. Number: W17000010939

We have received your document for JONATHAN A DARK P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 317A00006796

COVER LETTER

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

P. O. Box 6327 Tallahassee, FL 32314 "Corrected"
Jonathan A. DARK, P.A. JONATHAN A DARK P.A. SUBJECT: _ (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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED JONATHAN A DARK FROM: _ Name (Printed or typed) 622 SW CYNTHIA ST Address PORT SAINT LUCIE, FLORIDA 34983 City, State & Zip 772-342-6616

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

DARK.FLORIDA@YAHOO.COM

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Corrector

TICLE II PRINC		Mailing	address, if different is:
	Principal street address		address, if different is.
2 SW CYNTHIA ST	<u> </u>		
ORT SAINT LUCIE,	FLORIDA 34983		
PTICLE III PURP e purpose for which	OSE REALE the corporation is organized is:	ESTATE SERVICES	
	<i>1</i> ·	"Corrado"	
TICLE IV SHAP number of shares o	RES f stock is:	Corration	
e number of shares o	f stock ig. AL OFFICERS ANDIOR DIRECTORS JONATHAN A DARK, CEO le:		
e number of shares o	f stock ig. AL OFFICERS ANDIOR DIRECTORS JONATHAN A DARK, CEO le: 662 SW CYNTHIA ST		
e number of shares o ETICLE V INITI Name and Tit	f stock ig. AL OFFICERS ANDIOR DIRECTORS JONATHAN A DARK, CEO le: 662 SW CYNTHIA ST	Name and Title:	17 HAY - 1
Name and Tit	f stock ig. AL OFFICERS AND/OR DIRECTORS JONATHAN A DARK, CEO le: 662 SW CYNTHIA ST	Name and Title: Address:	17 HAY + 1
e number of shares of shares of shares of shares of shares and Tite Address Name and Tite Shares of share	AL OFFICERS ANDIOR DIRECTORS JONATHAN A DARK, CEO 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983	Name and Title: Address: Name and Title:	17 HAY - 1 AM
e number of shares of RTICLE V INITI Name and Tit Address	AL OFFICERS ANDIOR DIRECTORS JONATHAN A DARK, CEO 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983 e:	Name and Title: Address: Name and Title: Address:	17 HAY -1 AM 8: 46
e number of shares of RTICLE V INITI Name and Tit Address Name and Titl Address	AL OFFICERS ANDIOR DIRECTORS JONATHAN A DARK, CEO 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983 e:	Name and Title: Address: Name and Title: Address:	17 HAY - 1 AM 8: 46

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corpo	E JONATHAN A DARK P.A. ration shall be:	Jonathan A. DARK, P.	14.
ARTICLE II PRIN	Principal street address	Mailing address, if different is:	
662 SW CYNTHIA S	Т		-
PORT SAINT LUCIE	E, FLORIDA 34983		-
ARTICLE III PUR The purpose for which		ESTATE SERVICES	-
			_ _
			_
			_
ARTICI FIV SHA	RES / 100	"Corradoo"	_
ARTICLE IV SHA The number of shares	RES of 100	Corradoo	_
	IAL OFFICERS AND/OR DIRECTORS	Corrados	_
	JONATHAN A DARK CEO	COTTACTOR	_
ARTICLE V INII	JONATHAN A,DARK, CEO tle:662 SW CYNTHIA ST		-
ARTICLE V INIT	JONATHAN A DARK CEO	Name and Title:	-
ARTICLE V INIT	JONATHAN A,DARK, CEO tle:662 SW CYNTHIA ST	Name and Title:	-
Name and Ti Address	JONATHAN A,DARK, CEO tle: 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983	Name and Title: Address:	FILEC
Name and Ti Address Name and Ti	JONATHAN A,DARK, CEO tle: 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983	Name and Title: Address: Name and Title:	FILED
ARTICLE V INIT Name and Ti Address	JONATHAN A,DARK, CEO tle: 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983	Name and Title: Address: Name and Title: Address: Address:	TILED
ARTICLE V INIT Name and Ti Address Name and Tit	JONATHAN A,DARK, CEO tle: 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983	Name and Title: Address: Name and Title: Address: Address:	-
Name and Ti Address Name and Tit Address	JONATHAN A,DARK, CEO tle: 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983	Name and Title: Address: Name and Title: Address:	-
Name and Ti Address Name and Tit Address	JONATHAN A,DARK, CEO tle: 662 SW CYNTHIA ST PORT SAINT LUCIE, FL 34983	Name and Title: Address: Name and Title: Address: Name and Title:	-

Name an	d Title:		Name and Title:	·
Address			Address:	
	REGISTERED AGENT lorida street address (P.O. Bo JONATHAN A DARK	ox NOT acceptable)	of the registered ago	ent is: Lonathan A. DARK
Name:	662 SW CYNTHIA ST	GERNA A.	CONVERY	
Address:		S 33 /		Jest Lik
	PORT SAINT LUCIE, FLO	ORIDA-34983	486	662 SW CANTHIAST PORT SAINT LUCIE, FLORIDA
ARTICLE VII	INCORPORATOR			34983
The name and a	ddress of the Incorporator is:			112)
Name:	JONATHAN A DARK			4
Address:	662 SW CYNTHIA S'	r	_	
	PORT SAINT LUCIE,	FL 34983		
Effective date, if (If an effective of filing.) Note: If the date		ot meet the applicab	not be more than f	PTIONAL) ive days prior or 90 days after the equirements, this date will not be listed as
Having been nat this certificate, I	ned as registered agent to ac an familiar with and accept	cept service of proce the appointment as r	ss for the above sto egistered agent and	ated corporation at the place designated in d agree to act in this capacity
	Pratha A Required Signature	Dark Registered Agent		1/29/17 Date
I submit this do		acts stated herein a	re true. I am aware ony as provided for	e that the false information submitted in a in s.817.155, F.S.
5	button A d	Dock		1/29/17
Régá	ired Signature/Incorporator			Date

4/15/17 JUA DAL Corrected 3/2117