

P17000039532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

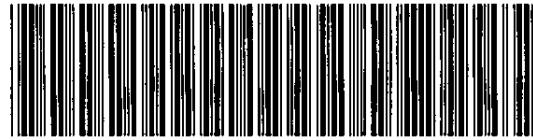
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17 MAY -2 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/03/17

## COVER LETTER

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

**SUBJECT:** JONI K. COULTER, INC.  
(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  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JONI K. COULTER  
Name (Printed or typed)  
1316 SEA PINES WAY  
Address  
CHAMPIONS GATE, FL 33896  
City, State & Zip  
(407) 222-3966  
Daytime Telephone number  
joni@coulterteam.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:

JONI K. COULTER, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1316 SEA PINES WAY

CHAMPIONS GATE, FL 33896

Mailing address, if different is:

P.O. BOX 470056

CELEBRATION, FL 34347

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: list and sell real estate for others

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JONI K. COULTER, President

Name and Title:

Address 1316 Sea Pines Way

Address:

Champions Gate, FL 33896

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: JONI K. COULTER

Address: 1316 SEA PINES WAY

CHAMPIONS GATE, FL 33896

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JONI K. COULTER

Address: 1316 SEA PINES WAY

CHAMPIONS GATE, FL 33896

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: APRIL 15, 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*

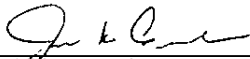


Required Signature/Registered Agent

4/17/2017

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

4/17/2017

Date