

P17000066594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

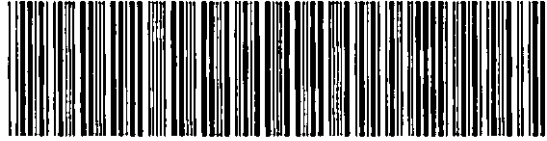
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06/26/17--01019--006 **78.75

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17 AUG - 8 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2017

ANNAMARIE LYNN MITCHELL
4801 ALCAZAR WAY SOUTH
SAINT PETERSBURG, FL 33712

SUBJECT: ANNAMARIE L. MITCHELL, P.A.
Ref. Number: W17000053466

RECEIVED
17 AUG -4 PM 4:20
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for ANNAMARIE L. MITCHELL, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II

Letter Number: 417A00013044

COVER LETTER

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

SUBJECT: ANNAMARIE L. MITCHELL, P.A.

(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: ANNAMARIE LYNN MITCHELL

Name (Printed or typed)

4801 ALCAZAR WAY SOUTH

Address

SAINT PETERSBURG, FL 33712

City, State & Zip

561-866-3017

Daytime Telephone number

ALMITCHELL.LAW@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: ANNAMARIE L. MITCHELL, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4801 ALCAZAR WAY SOUTH

P.O. BOX 530186

SAINT PETERSBURG, FL 33712

SAINT PETERSBURG, FL 33711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAW OFFICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANNAMARIE LYNN MITCHELL

Name and Title:

Address: PRESIDENT, DIRECTOR

Address:

4801 ALCAZAR WAY SOUTH

SAINT PETERSBURG, FL 33712

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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17 AUG - 8 AM 8:28
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: ANNAMARIE LYNN MITCHELL
Address: 4801 ALCAZAR WAY SOUTH
SAINT PETERSBURG, FL 33712

ARTICLE VII INCORPORATOR

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

Name: ANNAMARIE LYNN MITCHELL
Address: 4801 ALCAZAR WAY SOUTH
SAINT PETERSBURG, FL 33712

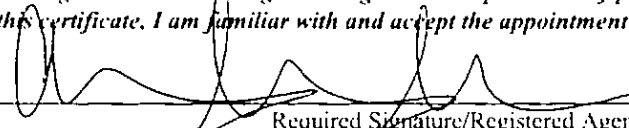
ARTICLE VIII EFFECTIVE DATE:

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 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.

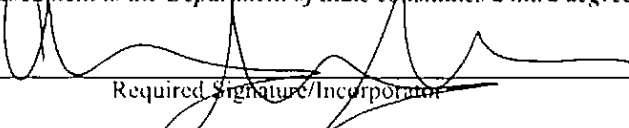
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/1/17
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

8/1/17
Date