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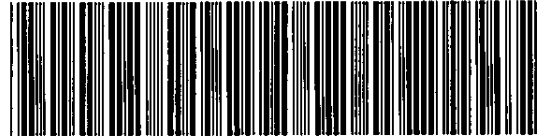
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RECEIVED  
2018 FEB 12 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
18 FEB 12 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: James Parsons, 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: James Parsons  
Name (Printed or typed)

6431 Count Turt Tr.  
Address

Tallahassee, FL 32309  
City, State & Zip

850-294-0013  
Daytime Telephone number

jamesparsons87@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: James Parsons, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: 1

2065 Thomasville Rd.  
Tallahassee, FL 32308

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>James Parsons President</u>	Name and Title:	_____
Address	<u>6431 Count Turt Tr.</u>	Address:	_____
	<u>Tallahassee, FL 32309</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

**FILED**  
18 FEB 12 AM 11:00  
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: James Parsons

Address: 6431 Count Turf Tr.

Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

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

Name: James Parsons

Address: 6431 Count Turf Tr.

Tallahassee, FL 32309

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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*

JW. R

Required Signature/Registered Agent

2/12/18

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.*

JW. R

Required Signature/Incorporator

2/12/18

Date