

P18000018048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

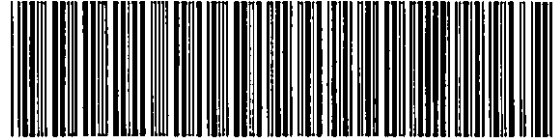
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000309021910

02/12/18--01075--010 **87.50

FILED
18 FEB 26 PM 2:44
FALLS CHURCH, VA 22034

N CULLIGAN

FEB 26 2018

COVER LETTER

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

SUBJECT: Thomas L. Homan Jr. 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: Thomas L. Homan Jr.

Name (Printed or typed)

10345 Velvetseed Circle

Address

Spring Hill, FL 34608

City, State & Zip

352-585-5205

Daytime Telephone number

TJ@MotivatedRealtors.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2018

THOMAS L HOMAN JR
10345 VELVETSEED CIRCLE
SPRING HILL, FL 34608

SUBJECT: THOMAS L HOMAN JR P.A.
Ref. Number: W18000014952

We have received your document for THOMAS L HOMAN JR 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 518A00003192

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: Thomas L Homan Jr P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10345 Velvetseed Circle

Spring Hill, FL 34608 → New address

4009 Black Oak Trl
Brooksville, FL 34604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Real Estate, Realtor

FILED
18 FEB 26 PM 2:44
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas L Homan Jr, President

Address: 10345 Velvetseed Circle
Spring Hill, FL 34608

Name and Title: Thomas L Homan Jr President

Address: 4009 Black oak trl
Brooksville FL 34604

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Thomas L. Homan JR
Address: ~~10345 Velvetseed Circle~~ 4009 Black oak trl
~~Spring Hill, FL 34608~~ Brooksville, FL 34604

FILED
18 FEB 26 PM 2:44
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Thomas L. Homan Jr.
Address: ~~10345 Velvetseed Circle~~ 4009 Black oak trl
~~spring hill, FL 34608~~ Brooksville, FL 34604

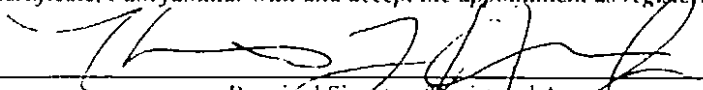
ARTICLE VIII EFFECTIVE DATE:

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

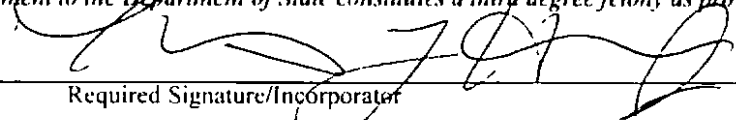


Required Signature/Registered Agent

2/8/2018

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

2/8/2018

Date