

P18000040078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

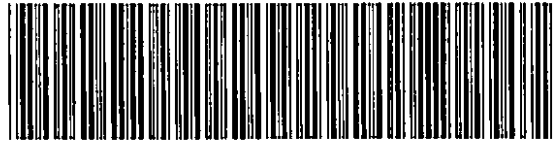
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2018 APR 30 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 04 2018

K. Brumley

COVER LETTER

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

SUBJECT: SHERRI ONEAL PA

(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: SHERRI ONEAL

Name (Printed or typed)

6628 CALVIN LEE RD

Address

GROVELAND, FL 34736

City, State & Zip

352-551-3302

Daytime Telephone number

sherri.oneal@engelvolkers.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: SHERRI ONEAL PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6628 CALVIN LEE RD

GROVELAND, FL 34736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ASSIST WITH ALL ASPECTS IN THE SALE OF REAL ESTATE

ASSIST WITH ALL ASPECTS IN THE SALE OF REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHERRI ONEAL, PRESIDENT

Name and Title: _____

Address 6628 CALVIN LEE RD

Address: _____

GROVELAND, FL 34736

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: SHERRI ONEAL
Address: 6628 CALVIN LEE RD
GROVELAND, FL 34736

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DEBBIE PATTERSON, EA
Address: 12609 GOPHERBROKE RD
GROVELAND, FL 34736

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

4/26/18
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.


Required Signature/Incorporator

4/4/18
Date