

P18 0000 89502

(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



800318695088

09/28/18--01020--001 \*\*70.00

C RICO  
SEP 28 2018

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 SEP 28 AM 11:24

## COVER LETTER

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

SUBJECT: BRUCE D ELLIS 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      ☐ \$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: BRUCE D ELLIS

Name (Printed or typed)

4610 20TH AVE SW

Address

CAPE CORAL, FL 33914

City, State & Zip

(706) 455-4594

Daytime Telephone number

ELLISMCNIC@AOL.COM

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

FILED  
DIVISION OF STATE  
CORPORATIONS  
18 SEP 28 AM 11:21

**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: BRUCE D ELLIS PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4610 20TH AVE SW

CAPE CORAL, FL 33914

**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 A/E

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

Name and Title: BRUCE D ELLIS, PRESIDENT

Name and Title: \_\_\_\_\_

Address 4610 20TH AVE SW

Address: \_\_\_\_\_

CAPE CORAL, FL 33914

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

18 SEP 28 AM 11:31  
CLERK OF STATE  
DIVISION OF CORPORATIONS

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: BRUCE D ELLIS

Address: 4610 20TH AVE SW

CAPE CORAL, FL 33914

**ARTICLE VII INCORPORATOR**

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

Name: BRUCE D ELLIS

Address: 4610 20TH AVE SW

CAPE CORAL, FL 33914

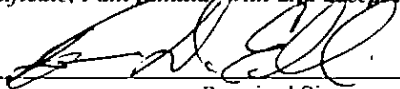
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/1/2018. (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

9-21-18  
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

9-25-18  
Date