

P18000096188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

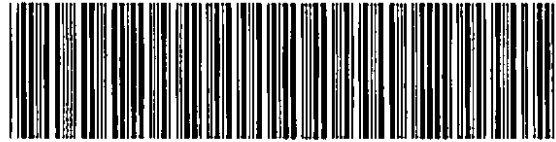
Certificates of Status _____

Special Instructions to Filing Officer:

no money attached
no \$

W18-73049

W18-81346



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09/10/18--01023--022 **76.75

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2018 NOV 26 PM 1:53
SECURITY
FALL ARIZONA LEGAL

NOV 27 2018

K. Brumley

COVER LETTER

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

SUBJECT: Staci Spanos Gibson, 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: Staci Spanos Gibson

Name (Printed or typed)

13873 Bella Riva Lane

Address

Jacksonville, FL 32225

City, State & Zip

904-866-2957

Daytime Telephone number

sspanos12@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: Staci Spanos Gibson, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13873 Bella Riva Lane

Jacksonville, FL 32225

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Staci Spanos Gibson, P

Name and Title: _____

Address 13873 Bella Riva Lane

Address: _____

Jacksonville, FL 32225

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

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: Staci Gibson

Address: 13873 Bella Riva Lane

Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

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

Name: Staci Gibson

Address: 13873 Bella Riva Lane

Jacksonville, FL 32225

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

Staci Spavos Gibson
Required Signature/Registered Agent

8/3/2018
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.

Staci Spavos Gibson
Required Signature/Incorporator

8/3/2018
Date