

P19000066130

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(Address)

(City/State/Zip/Phone #)

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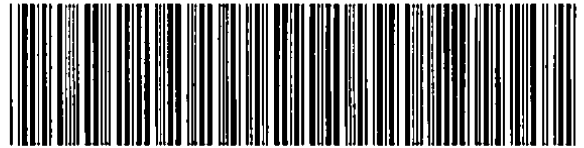
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19 AUG 16 PM 11:13

## COVER LETTER

19 AUG 16 AM 11:13

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

**SUBJECT:** Andrew Michael, 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      ☒ \$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:** Andrew Michael

\_\_\_\_\_  
Name (Printed or typed)

158 Marketside Ave #14

\_\_\_\_\_  
Address

Ponte Vedra, FL 32081

\_\_\_\_\_  
City, State & Zip

904-460-8501

\_\_\_\_\_  
Daytime Telephone number

Andrew@TheVeteransAgent.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: Andrew Michael, P.A.

19 AUG 15 - AM 11:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

158 Marketside Ave #14

RF/MAX Unlimited

Ponte Vedra, FL 32081

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist clients with their real estate needs.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Andrew Michael, Director

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

Address 749 Los Caminos Street

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

St. Augustine, FL 32095

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Andrew Michael  
Address: 158 Marketside Ave #14  
Ponte Vedra, FL 32081

**ARTICLE VII INCORPORATOR**

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

Name: Andrew Michael  
Address: 158 Marketside Ave #14  
Ponte Vedra, FL 32081

**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*

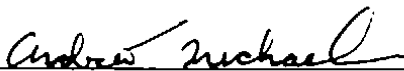


Required Signature/Registered Agent

08/12/2019

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

08/12/2019

Date