

P20000021250

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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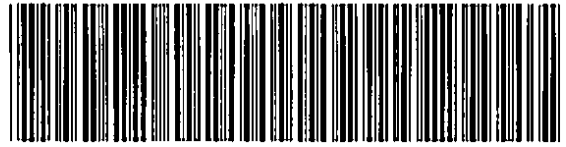
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: FLORIDA MEDIATION PROFESSIONALS INC

(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: FLORIDA MEDIATION PROFESSIONALS INC

Name (Printed or typed)

1300 W EAU GALLIE BLVD, Suite A

Address

Melbourne, FL 32935

City, State & Zip

(321)-729-9993 821-9995

Daytime Telephone number

Kim@FLMPro.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: FLORIDA MEDIATION PROFESSIONALS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1300 W EAU GALLIE BLVD, Suite A

Melbourne, FL 32935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all legal business activity.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kim W Torres, President Name and Title: _____

Address 1300 W EAU GALLIE BLVD, Suite A Address: _____

Melbourne, FL 32935

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

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: Kim W Torres

Address: 1300 W EAU GALLIE BLVD, Suite A

Melbourne, FL 32935

ARTICLE VII INCORPORATOR

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

Name: Kim W Torres

Address: 1300 W EAU GALLIE BLVD, Suite A

Melbourne, FL 32935

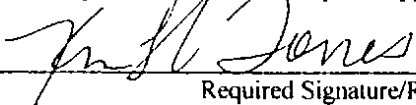
ARTICLE VIII EFFECTIVE DATE:

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

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

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2020 FEB 24 AM 6:34
02/13/20
Date
STATE OF FLORIDA
DEPARTMENT OF STATE

FLORIDA MEDIATION PROFESSIONALS INC

1300 W EAU GALLIE BLVD
SUITE A
MELBOURNE, FL 32935

February 13, 2020

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document Number P18000090993
FLORIDA MEDIATION PROFESSIONALS INC

Dear Sir or Madam:

The above referenced corporation has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Incorporation for a new corporation that has the same name, along with the required \$70 fee.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim W. Torres".

Kim W Torres, President

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TALLAHASSEE, FL