

P200000035533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

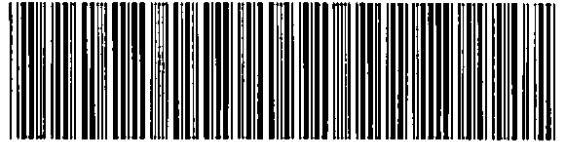
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/08/20--01:15:00

FILED

2020 MAY -8 PM 2:02

CLASSIC

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2020 MAY -8 PM 5:01

CLASSIC

## COVER LETTER

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

**SUBJECT:** Phillip Faircloth, 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**

2020 FEB - 8 PM 2:02

FILED

**FROM:** Phillip Faircloth, PA

Name (Printed or typed)

330 Golf Brook Circle, #208

Address

Longwood, FL 32779

City, State & Zip

321-301-0032

Daytime Telephone number

pfairclothllc@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: Phillip Faircloth, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

330 Golf Brook Circle, #208

Longwood, FL 32779

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful purposes.

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2020 MAY -8 PM 2:02  
CLERK OF CIRCUIT COURT  
JULIA A. BROWN, CLERK

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Phillip Faircloth, President

Name and Title:

Address 330 Golf Brook Circle, #208

Address:

Longwood, FL 32779

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Phillip Faircloth  
Address: 330 Golf Brook Circle, #208  
Longwood, FL 32779

**ARTICLE VII INCORPORATOR**

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

Name: Phillip Faircloth  
Address: 330 Golf Brook Circle, #208  
Longwood, FL 32779

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

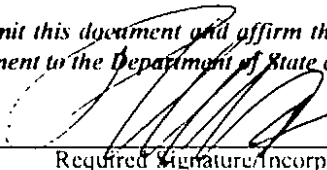
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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 ~~supplying with~~ and accept the appointment as registered agent and agree to act in this capacity*

 PHILLIP FAIRCLOTH 5/5/2020  
Required Signature/Registered Agent 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.*

 PHILLIP FAIRCLOTH 5/5/2020  
Required Signature/Incorporator Date