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ALL INFORMATION  
1.1.1.1

## COVER LETTER

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

SUBJECT: STL PROFESSIONAL SERVICES, 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 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**

FROM: SHARON J. LAWRENCE  
Name (Printed or typed)  
7320 E. FLETCHER AVENUE  
Address  
TAMPA, FLORIDA 33637  
City, State & Zip  
(301) 875-5680  
Daytime Telephone number  
sjlprofessionalservices@gmail.com  
E-mail address: (to be used for future annual report notification)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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1-11-20

**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: SJL PROFESSIONAL SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7320 E. FLETCHER AVENUE  
TAMPA, FLORIDA 33637

Mailing address, if different is:

7320 E. FLETCHER AVENUE  
TAMPA, FLORIDA 33637

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: SHARON J. LAWRENCE, CEO Name and Title: \_\_\_\_\_

Address 7320 E. FLETCHER AVENUE Address: \_\_\_\_\_  
TAMPA, FLORIDA 33637

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

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

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

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

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TAMPA, FLORIDA

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: AUSTRIA HATCHER

Address: 1010 49TH AVENUE TERRACE WEST  
BRADENTON, FLORIDA, 34207

**ARTICLE VII INCORPORATOR**

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

Name: SHARON J. LAWRENCE, CEO

Address: 7320 E. FLETCHER AVENUE  
TAMPA, FLORIDA 33637

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**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

01/04/2021  
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

1/4/2021  
Date