

P23000054152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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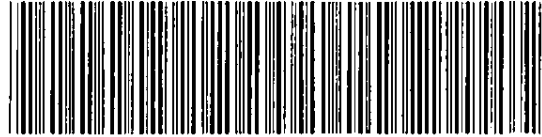
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 APR 13 PM 11:00

T. BURGH
JUL 20 2023

NA

COVER LETTER

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

CORRECTIONS

SUBJECT: Joseph G. Mott Jr. 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Joseph G. Mott Jr. P.A.
 Name (Printed or typed)

1859 Banks Road
 Address

Margate, FL 33063
 City, State & Zip

954-701-1007
 Daytime Telephone number

mlakhan@fuoco.com
 E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

11/11/11

11/11/11

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: Joseph G. Mott, Jr. P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1859 Banks Road
Margate, FL 33063

Mailing address, if different is:
1859 Banks Road
Margate, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Company may engage or transact in any or all lawful

activities or business permitted under the laws of the United States, the State of Florida, or any other state, territory
or nation. (Accounting Services)

ARTICLE IV SHARES

The number of shares of stock is: 1000 \$1.00 par value per share

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph G. Mott Jr. President Name and Title: _____

Address 1859 Banks Road Address: _____

Margate, FL 33063 _____

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: Joseph G. Mott, Jr.
Address: 1859 Banks Road
Margate, FL 33063

ARTICLE VII INCORPORATOR

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

Name: Joseph G. Mott, Jr.
Address: 1859 Banks Road
Margate FL 33063

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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

Margaret Lakhan
Required Signature/Registered Agent

3-11-2023
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.

Joseph Mott
Required Signature/Incorporator

3/11/2023
Date