

P24000015886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

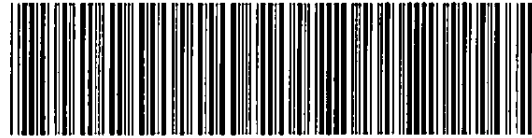
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TALLAHASSEE, FL

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TALLAHASSEE, FL

AS

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 3/4

**XX CERTIFIED COPY** \_\_\_\_\_

**PHOTOCOPY** \_\_\_\_\_

**GS** \_\_\_\_\_

**XX FILING**

INC \_\_\_\_\_

1. **PATRICK M. ANSON P.A.** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
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TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** PATRICK M. ANSON 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:** JORDAN HEILMAN

Name (Printed or typed)

411 E. WISCONSIN AVE. SUITE 2400

Address

MILWAUKEE, WI 53202

City, State & Zip

414-277-3034

Daytime Telephone number

PATRICK@THENAPLESFLAGENT.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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: PATRICK M. ANSON P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address  
16001 AMBERWOOD LAKE CT. APT. 3  
FORT MYERS, FL 33908

Mailing address, if different is:  
16001 AMBERWOOD LAKE CT. APT. 3  
FORT MYERS, FL 33908

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE AGENT

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PATRICK M. ANSON, DIRECTOR  
Address: 16001 AMBERWOOD LAKE CT. APT. 3  
FORT MYERS, FL 33908

Name and Title: PATRICK M. ANSON, PRES., SEC. & TREAS.  
Address: 16001 AMBERWOOD LAKE CT. APT. 3  
FORT MYERS, FL 33908

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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SEC. 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: PATRICK M. ANSON  
Address: 16001 AMBERWOOD LAKE CT. APT. 3  
FORT MYERS, FL 33908

**ARTICLE VII INCORPORATOR**

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

Name: PATRICK M. ANSON  
Address: 16001 AMBERWOOD LAKE CT. APT. 3  
FORT MYERS, FL 33908

**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*

By: Patrick Anson  
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.*

Patrick Anson  
Required Signature/Incorporator

3/1/2024  
Date  
2024 APR 11 PM 2:37  
FILED  
STATE  
Date