

P97000030688



Professional Group, Inc.
7575 Dr. Phillips Boulevard, Suite 100
Orlando, Florida 32819

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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03/24/97-01056-020
*****70.00 *****70.00

FILED
97 APR -4 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 27, 1997

CENTURY 21
7575 DR. PHILLIPS BLVD.
SUITE 100
ORLANDO, FL 32819

SUBJECT: SARA GUERRY WELLS, P.A.
Ref. Number: W97000007123

We have received your document for **SARA GUERRY WELLS, P.A.** and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 297A00015545

**ARTICLES OF INCORPORATION
OF
SARA GUERRY WELLS, P.A.**

ONE: The name of the corporation is: Sara Guerry Wells, P.A.

TWO: The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Florida, other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of Florida. The purpose of this corporation is to engage in real estate.

THREE: the name and address in this State of the Corporation's initial agent for service of process is: Sara Guerry Wells 5804 Windhover Dr. Orlando, FL 32819

Principal office is 5804 Windhover Dr. Orlando, FL 32819.

FOUR: This corporation is authorized to issue only one class of shares of stock which shall be designated common stock. The total number of shares it is authorized to issue is 100 shares.


FIVE: The names and addresses of the persons who are appointed to act as the initial directors of the corporation are:

NAME:	ADDRESS:
Sara Guerry Wells	5804 Windhover Dr. Orlando, FL 32819

SIX: The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent possible under the laws of the State of Florida.

SEVEN: The corporation is authorized to indemnify the directors and the officers of the corporation to the fullest extent permissible under the laws of the State of Florida.

**IN WITNESS WHEREOF,
[NAME]**


Sara Guerry Wells
Incorporator

FILED
97 APR -4 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Sara Guerry Wells, P.A.

2. The name and address of the registered agent and office is:

Sara Guerry Wells
(NAME)
5804 Windhover Dr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Orlando, FL 32819
(CITY/STATE/ZIP)

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97 APR -4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sara Guerry Wells
(SIGNATURE)

3/21/97
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314