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TRANSMITTAL LETTER

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

SUBJECT: Law Off	fices Of K. Matthew Ristau, P.A. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Ke	nneth Matthew Ristau Name	e (Printed or typed)	
	43 Ne 13th ave	Address	
	Cape Coral, Florida 33909 City	, State & Zip	
	239-699-4535	Telephone number	

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:

Law Offices Of K. Matthew Ristau, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

43 Ne 13th ave cape coral, florida 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Practice of Law

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Kenneth Matthew Ristau

Director and Officer

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mary Sharon Colberg 43 Ne 13th ave cape coral, florida 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kenneth Matthew Ristau 43 Ne 13th ave cape coral, florida 33909

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

Signature/Registered Agent

Signature/Incorporator