

PD5000122566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Anne Concoran **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 9/7/05
DOC. EXAM MED

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400059105064

REGISTRATION - 10/1/05

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
05 SEP - 6 AM 9:15

MED
9/8

TRANSMITTAL LETTER

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

SUBJECT: Corcoran Law Firm, 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 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: Anne Corcoran
Name (Printed or typed)

9676 Deer Valley Dr.
Address

Tallahassee, FL 32312
City, State & Zip

850/294-5554
Daytime Telephone number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP -6 AM 9:15

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:

Corcoran Law Firm, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6753 Thomasville Rd., Suite #108-152
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law office

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anne Corcoran
6753 Thomasville Rd.
Suite #108-152
Tallahassee, FL 32312

ARTICLE VI REGISTERED AGENT

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

Anne Corcoran
9676 Deer Valley Dr.
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anne Corcoran
6753 Thomasville Rd.
Suite #108-152
Tallahassee, FL 32312

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

Anne Corcoran

Signature/Registered Agent

9/2/05

Date

Anne Corcoran

Signature/Incorporator

9/2/05

Date