P13000013111

(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:

Office Use Only

600244216166

02/07/13--01011--017 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -7 AM 11:13

Ps 2/8/13

COVER LETTER

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

SUBJECT: Gabrielle Radcliffe Law Office, 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: Gabrielle Radcliffe
Name (Printed or typed)

P.O. Box 2936
Address

Ft. Pierce, FL
City, State & Zip

352-304-0529
Daytime Telephone number

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

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -7 AM 11:13

ARTICLE I NAME
The name of the corporation shall be: Gabrielle Radcliffe Law Office, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

239 S. Indian River Dr.
Ft. Pierce, FL 34950-4336

Mailing address, if different is:

P.O. Box 2936
Ft. Pierce, FL 34954

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Professional Association; for profit, solo practitioner law practice.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabrielle Radcliffe, President
Address P.O. Box 2936
Ft. Pierce, FL 34954

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 FEB -7 AM 11:14

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Gabrielle Radcliffe, Esq.

Address: 239 S. Indian River Dr.

Ft. Pierce, FL 34950-4336

ARTICLE VII INCORPORATOR

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

Name: Gabrielle Radcliffe, Esq.

Address: P.O. Box 2936

Ft. Pierce, FL 34954-2936

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

Gabrielle Radcliffe
Required Signature/Registered Agent

2/5/13
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.

Gabrielle Radcliffe
Required Signature/Incorporator

2/5/13
Date