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TALLAHASSEE, FLORIDA

MD 12/13

COVER LETTER

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

SUBJECT: Per Diem Paralegal Services, Inc.

(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: Rebecca Viola

Name (Printed or typed)

205 Albrighton Court

Address

Longwood, FL 32779

City, State & Zip

(407) 963-4554

Daytime Telephone number

rebecca@perdiemparalegal.net

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)

ARTICLE I NAME

The name of the corporation shall be: Per Diem Paralegal Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

205 Albrighton Court

Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide paralegal services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca Viola, President

Name and Title: _____

Address 205 Albrighton Court

Address: _____

Longwood, FL 32779

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: Rebecca Viola
Address: 205 Albrighton Court
Longwood, FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rebecca Viola
Address: 205 Albrighton Court
Longwood, FL 32779

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Rebecca Viola 12/9/2013
Required Signature/Registered Agent 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.

Rebecca Viola 12/9/2013
Required Signature/Incorporator Date