

P15 0000 58938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

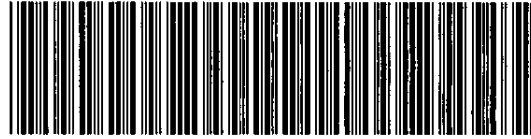
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: SEWARD 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ALICIA R. SEWARD
Name (Printed or typed)

Post Office Box 3554
Address

Riverview, Florida 33568
City, State & Zip

813-454-7788
Daytime Telephone number

a.regina.seward@gmail.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)

ARTICLE I NAME SEWARD LAW OFFICE, P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12508 Burgess Hill Drive

P.O. Box 3554

Riverview, Florida 33579

Riverview, Florida 33568

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide legal services

to clients.

on
1st
page

ARTICLE IV SHARES

The number of shares of stock is: 1

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alicia R. Seward Name and Title: _____

Address P.O. Box 3554 Address: _____

Riverview, Florida 33568

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Donald W. Seward
Address: 576 First Avenue North
St. Petersburg, Florida 33701

ARTICLE VII INCORPORATOR

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

Name: Alicia R. Seward
Address: P.O. Box 3554
Riverview, Florida 33568

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent
7/10/15
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.

Required Signature/Incorporator
7/10/15
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

ALICIA R. SEWARD
PO BOX 3554
RIVERVIEW, FL 33568

RECEIVED JUL 13 2015

SUBJECT: SEWARD LAW OFFICE, P.A.
Ref. Number: W15000042070

We have received your document for SEWARD LAW OFFICE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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 (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 215A00012775