

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

Office Use Only



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FILED BY: [illegible] 9/7/05

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP -6 AM 9:15

**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