

N24 000013907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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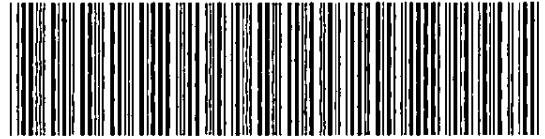
(Business Entity Name)

(Document Number)

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NORTHERN DISTRICT OF FLORIDA PRO SE ASSISTANCE CLINIC, INC.

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, P.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be: NORTHERN DISTRICT OF FLORIDA PRO SE ASSISTANCE CLINIC, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
909 Mar Walt Drive, Suite 1014

ATTN: SHIRAZ A. HOSEIN

Fort Walton Beach, FL 32547

Mailing address, if different is:  
909 Mar Walt Drive, Suite 1014

ATTN: SHIRAZ A. HOSEIN

Fort Walton Beach, FL 32547

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE SPECIFIC PURPOSE OF THE NOT FOR PROFIT IS TO PROVIDE  
UNREPRESENTED INDIVIDUALS IN BANKRUPTCY ACCESS TO LEGAL ASSISTANCE IN ALL DIVISIONS OF THE  
U.S. BANKRUPTCY COURTS IN THE NORTHERN DISTRICT OF FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED IN 1  
THE BYLAWS.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHIRAZ A. HOSEIN - PRESIDENT AND

Address: 909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547

Name and Title: DARBY FOWLER - SECRETARY AND

Address: 430 W. 5TH STREET  
SUITE 400  
PANAMA CITY, FL 32401

Name and Title: BYRON "TREY" WRIGHT III

Address: 2868 REMINGTON GREEN CIRCLE  
SUITE B  
TALLAHASSEE, FL 32308

Name and Title: SAMANTHA KELLEY - TREASURE

Address: 2868 REMINGTON GREEN CIRCLE  
SUITE B  
TALLAHASSEE, FL 32308

Name and Title: BRIAN RICH - DIRECTOR

Address: 313 N. MONROE STREET  
SUITE 301  
TALLAHASSEE, FL 32301

Name and Title: TRAVIS MOROCK

Address: 151 W. MAIN STREET  
SUITE 200  
PENSACOLA, FL 32502

Name and Title: CARRIE CROMBY - DIRECTOR

Address: 2119 DELTA AVENUE  
TALLAHASSEE, FL 32303

Name and Title: LOGAN SLIVA - DIRECTOR

Address: 313 W. GREGORY STREET  
PENSACOLA, FL 32502-4737

Name and Title: DANIEL ETLINGER- DIRECTOR

Address: 100 N. TAMPA STREET  
SUITE 2325  
TAMPA, FL 33602

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: SHIRAZ A. HOSEIN

Address: 909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHIRAZ A. HOSEIN

Address: 909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547

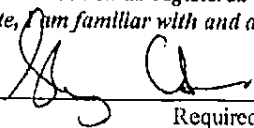
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

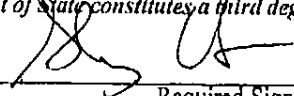


Required Signature of Registered Agent

12/2/2024

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

12/2/2024

Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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