P0300002818

(Poguentede Nomo)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	}
	1
·	

Office Use Only



300009733023

/n/U6/03--01044--012 **78.75

03 JAN -6 AH 10: 06
SECRETARY OF STATE
TAIL WHAREFUL

1.03

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 AUTO ACCIDENT ATTORNEYS, P.A. SUBJECT: (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 **□** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED **BRIAN GRAY** FROM: Name (Printed or typed) P.O. BOX 272937 Address TAMPA, FLORIDA 33688-2937 City, State & Zip (813) 931-8200 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

03 JAN -6 AM 10: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AUTO ACCIDENT ATTORNEYS, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 272937 TAMPA, FL 33688-2937

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAW FIRM-PROVIDING LEGAL SERVICES FOR AUTO ACCIDENT INJURY VICTIMS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

BRIAN GRAY, ESQUIRE- PRESIDENT 16017 N. FLORIDA AVENUE TAMPA, FLORIDA 33697

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BRIAN GRAY, ESQUIRE 16017 N. FLORIDA AVENUE TAMPA, FLORIDA 33697

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

BRIAN GRAY, ESQUIRE 16017 N. FLORIDA AVENUE TAMPA, FLORIDA 33697

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

Signature/Registered Agent
Signature/Incorporator

Date Date

Date