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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Q.H.
12-5-03

TRANSMITTAL LETTER

• Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: C. James McCall & Associates 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: C. James McCall

Name (Printed or typed)

P. O. Box 5010

Address

Elkton, FL 32033-5010

City, State & Zip

904-955-6618

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)

ARTICLE I NAME

The name of the corporation shall be:

C. James McCall & Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 5010, Elkton, FL 32033-5010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This professional service corporation is formed to engage in every phase and aspect of the practice of law. In addition, the corporation may invest the funds of the professional service corporation in any type of investment, and own real and personal property necessary for the rendering of professional services.

ARTICLE IV SHARES

The number of shares of stock is:

The capital stock of the profesional service corporation shall be 100 shares of common stock without par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

C. James McCall, P.O. Box 5010, Elkton, FL 32033-5010, President

ARTICLE VI REGISTERED AGENT

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

C. James McCall, 4333 Altara Drive, Saint Augustinē, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

C. James McCall, P.O. Box 5010, Elkton, FI 32033-5010

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

C. JAMES MCCALL
Signature/Registered Agent

11.25.3
Date

C. JAMES MCCALL
Signature/Incorporator

11.25.3
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA