

PD400000 8850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

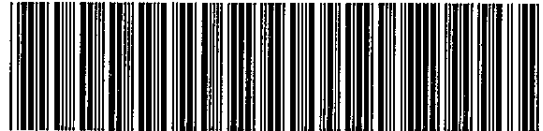
(Document Number)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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04 JAN 12 PM 4:57

SECURITY STATE  
TALLAHASSEE, FLORIDA

js

## TRANSMITTAL LETTER

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

SUBJECT: Angela Wallace, P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Angela Wallace  
Name (Printed or typed)

P.O. Box 1367  
Address

Tallahassee, FL. 32303  
City, State & Zip

(850) 224-3730  
Daytime Telephone number

04 JAN 12 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

Article I: Angela Wallace, P.A.

Article II: The principal place of business and mailing address of the corporation are:

Place of Business

462 West Brevard Street  
Tallahassee, FL. 32301

Mailing Address

P.O. Box 1367  
Tallahassee, FL. 32302

Article III: The purpose of the professional corporation is to provide legal services.

Article IV: The number of shares of stock that this corporation is authorized to have is 100.

Article V: The names address and title of the Directors is:

Angela Wallace President  
462 West Brevard Street  
Tallahassee, FL. 32301

Article VI: The name and address of the Registered Agent are:


Angela Wallace  
462 West Brevard Street  
Tallahassee, FL. 32301

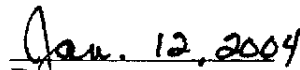
Article VII: The name and address of the Incorporator is:

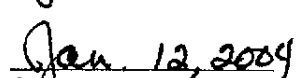
Angela Wallace  
462 West Brevard Street  
Tallahassee, FL. 32301

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 to act in this capacity.

  
Angela Wallace, Registered Agent

  
Angela Wallace, Incorporator

  
Date

  
Date

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TALLAHASSEE, FLORIDA