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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/26

## TRANSMITTAL LETTER

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

**SUBJECT:** Law Offices of Rob O'Farrell, 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:** Rob O'Farrell

Name (Printed or typed)

2006 North Harbour Drive

Address

Lynn Haven, FL 32444

City, State & Zip

(850) 271-1596

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:

Law Offices of Rob O'Farrell, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2006 North Harbour Drive  
Lynn Haven, FL 32444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to practice of law in the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**ARTICLE VI REGISTERED AGENT**

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

Rob O'Farrell  
2006 North Harbour Drive  
Lynn Haven, FL 32444

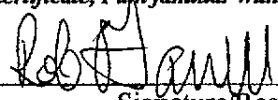
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Rob O'Farrell  
2006 North Harbour Drive  
Lynn Haven, FL 32444

\*\*\*\*\*

*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

1/13/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/13/04  
\_\_\_\_\_  
Date

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