

P04000031611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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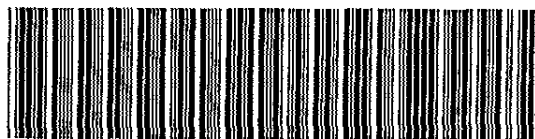
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/04--01015--013 **78.75

FILED
04 FEB 17 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

W04-2452
9/1/20

TRANSMITTAL LETTER

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

SUBJECT: The Law Office of Joseph K. Birch, PA.
(proposed corporate name)

I enclose an original and one (1) copy of the Articles of Incorporation for the above corporation and a check in the amount of \$78.75.

☐ \$70.00 Filing Fee
☒ **\$78.75 Filing Fee & Certificate of Status**
☐ \$78.75 Filing Fee & Certified Copy (Additional Copy Required)
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status (Additional Copy Required)

SIGNED: _____

Joseph K. Birch
505 North Mills Ave. Suite 200
ORLANDO, FL 32803
(407)-247-6771



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 20, 2004

JOSEPH K. BIRCH
505 NORTH MILLS AVE., STE. 200
ORLANDO, FL 32803

SUBJECT: THE LAW OFFICES OF JOSEPH K. BIRCH, P.A.
Ref. Number: W04000002452

We have received your document for THE LAW OFFICES OF JOSEPH K. BIRCH, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 004A00003435

ARTICLES OF INCORPORATION
OF
The Law Office of Joseph K. Birch, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: The Law Office of Joseph K. Birch, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

505 North Mills Avenue, Suite 200
Orlando, Florida 32802

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

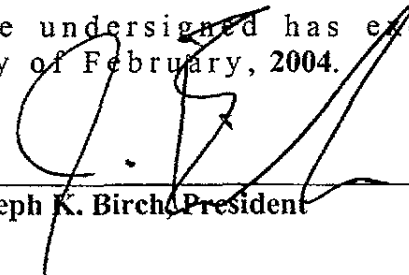
Joseph K. Birch
505 North Mills Avenue, Suite 200
Orlando, Florida 32802

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Joseph K. Birch
505 North Mills Avenue, Suite 200
Orlando, Florida 32802

The undersigned has executed these Articles of Incorporation this 10TH day of February, 2004.



Joseph K. Birch, President

FILED
04 FEB 17 AM 8:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

Article VI Purpose of Corporation

The purpose of this corporation is the practice of law to the public, as well as to businesses and governmental agencies.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

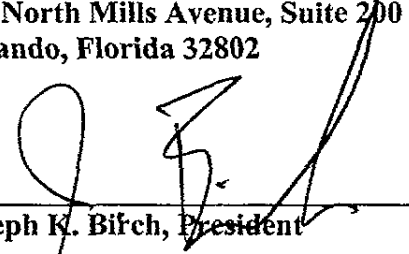
1. The name of the corporation is:

The Law Office of Joseph K. Birch, P.A.

2. The name and address of the registered agent and office

Joseph K. Birch
505 North Mills Avenue, Suite 200
Orlando, Florida 32802

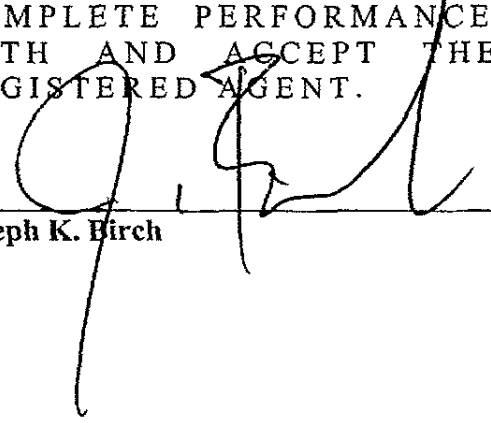
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04 FEB 17 AM 8:07
CLERK OF COURT
JAILHOUSE



Joseph K. Birch, President Date

2/10/04

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Joseph K. Birch

Date

2/10/04