

PD4000152018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

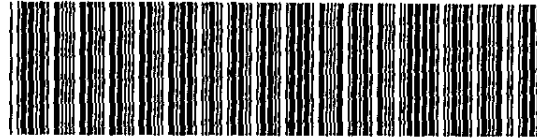
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 NOV - 1 PM 3:38

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C. L. 11/5

## TRANSMITTAL LETTER

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

SUBJECT: TARQUIN J. ADAMS, 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: TARQUIN J. ADAMS, ESQUIRE

Name (Printed or typed)

1516 E. COLONIAL DRIVE, SUITE 210

Address

ORLANDO, FL 32803

City, State & Zip

(407) 228-8828

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:

TARQUIN J. ADAMS, P.A.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1516 E. COLONIAL DRIVE, SUITE 210, ORLANDO, FL 32803

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAW OFFICE

### 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):

TARQUIN J. ADAMS, PRESIDENT/DIRECTOR

TARQUIN J. ADAMS, TREASURER

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

TARQUIN J. ADAMS

1516 E. COLONIAL DRIVE, SUITE 210

ORLANDO, FL 32803

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

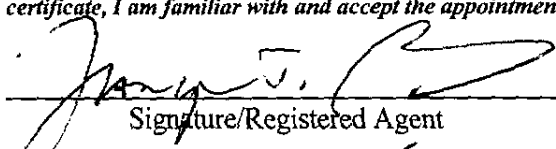
TARQUIN J. ADAMS

1516 E. COLONIAL DRIVE, SUITE 210

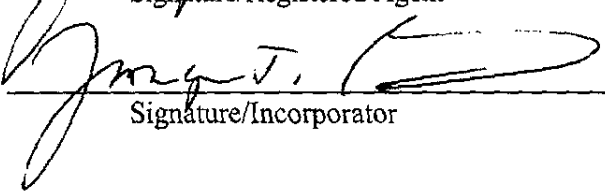
ORLANDO, FL 32803

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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

10/28/04  
\_\_\_\_\_  
Date

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

10/28/04  
\_\_\_\_\_  
Date

FILED  
04 NOV - 1 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA