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EFFECTIVE DATE  
1-1-2005

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FILED  
04 DEC 22 PM 12:25

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11 DEC 15 PM 11:53

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11 DEC 15 PM 11:53

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2012



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 16, 2004

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: DISASTER CONSULTANTS, INC.  
Ref. Number: W04000045973

We have received your document for DISASTER CONSULTANTS, INC. and your check(s) totaling \$393.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6929.

Justin M Shivers  
Document Specialist  
New Filings Section

Letter Number: 504A00070089

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. David Alexander Anthony, P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

04 DEC 22 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

DAVID ALEXANDER ANTHONY, P.A. EFF: 01-01-05

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

916 CATALONIA AVE.  
CORAL GABLES, FL 33134

**EFFECTIVE DATE**  
1-1-2005

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
LAW PRACTICE

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

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

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

DAVID ALEXANDER ANTHONY (P/D)  
916 CATALONIA AVE.  
CORAL GABLES, FL 33134

**ARTICLE VI REGISTERED AGENT**

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

DAVID ALEXANDER ANTHONY  
916 CATALONIA AVE.  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID ALEXANDER ANTHONY  
916 CATALONIA AVE.  
CORAL GABLES, FL 33134

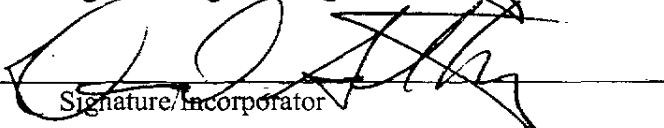
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

12-21-04

\_\_\_\_\_  
Date

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

12-21-04

\_\_\_\_\_  
Date