

POS000107319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

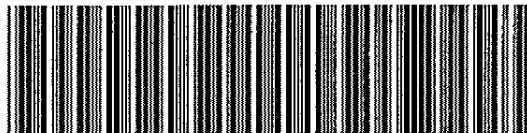
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200057966672

08/01/05--01008--025 **78.75

RECEIVED
DIVISION OF REVENUE
05 AUG - 1 11 51 AM

J. Shivers AUG 03 2005

TRANSMITTAL LETTER

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

SUBJECT: LAW OFFICES OF JUSTIN GAINES, 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: JUSTIN GAINES, ESQ.
Name (Printed or typed)

2529 PINE VALLEY DRIVE
Address

LAKELAND, FLORIDA 33810
City, State & Zip

(863) 398-6566
Daytime Telephone number

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
05 AUG - 1 AM 9:10

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 Justin Gaines, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2529 Pine Valley Drive, Lakeland, Florida 33810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Represent clients in legal matters

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Justin S. Gaines, President
2529 Pine Valley Drive
Lakeland, FL 33810

ARTICLE VI REGISTERED AGENT

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

Justin Gaines
2529 Pine Valley Drive
Lakeland, FL 33810

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Justin S. Gaines, Esq.
2529 Pine Valley Drive
Lakeland, FL 33810

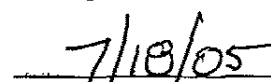
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
CLERK OF DISTRICT
COURT
05/08/05 AM 9:19