

POS000159420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

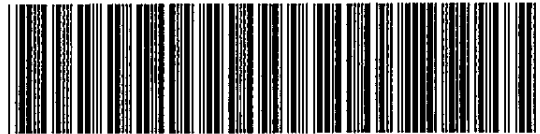
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900061598769

12/07/05--01001--001 **87.50

EFFECTIVE DATE
01/01/2006

RECEIVED
05 DEC -6 PM 2:45
TALLAHASSEE, FLORIDA

FILED
05 DEC -6 PM 2:51
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Melvin and Associates Legal Consulting
(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: Melvin and Associates Legal Consulting
Name (Printed or typed)

P O Box 15015
Address

Tallahassee, FL 32317
City, State & Zip

850-284-3246
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)

EFFECTIVE DATE
01/01/2006

ARTICLE I NAME

The name of the corporation shall be:

Melvin and Associates Legal Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P O Box 15015
TLH FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Legal Nurse Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alicia D Melvin, ~~President~~ CEO
P O Box 15015
TLH FL 32317

ARTICLE VI REGISTERED AGENT

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

Alicia D Melvin
3711 Shamrock St W
TLH FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alicia D Melvin
P O Box 15015
TLH FL 32317

Article 8
Effective date
11/1/06

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

12/6/05

12/6/05

FILED

05 DEC -6 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA