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## **COVER LETTER**

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

SCHOLCI.	.A.P single P.A.
(PROPOSED CORPORATE Enclosed are an original and one (1) copy of the articles	TE NAME – MUST INCLUDE SUFFIX)  cles of incorporation and a check for:
\$70.00 \$78.75  Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee  & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
ORLANDO F	State & Zip

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

## 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: ORLEY B. BURES, ESQUIRE P. A. ARTICLE II PRINCIPAL OFFICE 1411 N. PINE Hills ROAD, Puite A. The principal place of business/mailing address is: Orlando, FL 3280 x ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: LAW Office - Professional Corporation" ARTICLE IV SHARES The number of shares of stock is: 100 **INITIAL OFFICERS AND/OR DIRECTORS** List name(s), address(es) and specific title(s): ORLEY BARRINGTON BURRY. PRESIDENT 1411 N. Pine Hills ROAD, Suite A Orlando FL 32808 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ORLEY B. BUREY 1411 N. Pine Hills hood, Suite A Orlando, FL 32808 **INCORPORATOR** ARTICLE VII 1411 10 Pine Hims Load, Suite A The <u>name and address</u> of the Incorporator is: Orlando fr. 3280x 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