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(Cit	ty/State/Zip/Phon	e #)		
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(Business Entity Name)				
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SECRETARY OF STATE
ALLAHASSEE, FI OBIGA

### **COVER LETTER**

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

SUBJECT: Law Office of Patricia A. Kent, P.A.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	l a check for:
₹70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status  PPY REQUIRED
FRОМ: <u>Ра</u>	atricia A. Kent Name	(Printed or typed)	
	1111 3rd Ave. West , S	uite 110	
	Bradenton, Florida 3420	5 State & Zip	
!	941-745-1144 Daytime To	elephone 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:

Law Office of Patricia A. Kent, P.A.

# TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1111 3rd Ave. West, Suite 110 Bradenton, Florida 34205

### 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):

Patricia A. Kent, President

# ARTICLE VI REGISTERED AGENT

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

Patricia A. Kent 1111 3rd Ave. West Suite 110 Bradenton, Florida 34205

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Patricia A. Kent

Signature/Incorporator

Date