

PO 700000 9812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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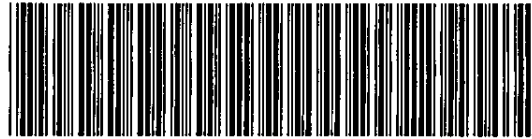
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 JAN 22 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Law Office of Alphonse B. Perkins, 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: Alphonse B. Perkins

Name (Printed or typed)

220 East forsyth Street, Suite 206

Address

Jacksonville, FL 32202

City, State & Zip

904-472-6030 (cell) or 904-633-9949 (office)

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)

ARTICLE I NAME

The name of the corporation shall be:

Law Office Of Alphonse B. Perkins, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

220 East Forsyth Street, Suite 206, Jacksonville, FL 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Legal services

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):

Alphonse B. Perkins (Attorney and owner)
220 East Forsyth Street
Suite 206
Jacksonville, FL 32202

ARTICLE VI REGISTERED AGENT

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

Alphonse B. Perkins
220 East Forsyth Street
Suite 206
Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alphonse B. Perkins
7270 Placid Oaks Drive
Jacksonville, FL 32277

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TALLAHASSEE, FLORIDA

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

Alphonse B. Perkins
Signature/Registered Agent

Alphonse B. Perkins
Signature/Incorporator

1-19-2007
Date

1-19-2007
Date