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(Requestor's Name)

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(City/State/Zip/Phone #)

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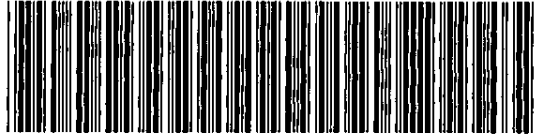
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A.H.  
3-4-08

**COVER LETTER**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2000 MAR -3 PM 3:23

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**SUBJECT:** Lori A. Heim, Esq., 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:** Lori A. Heim, Esq.

Name (Printed or typed)

3601 W. Granada St.

Address

Tampa, Florida 33629

City, State & Zip

813.957.5890

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:

Lori A. Heim, Esq., P.A.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3601 W. Granada St.  
Tampa, Florida 33629

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any or all lawful and permitted activities of a professional association.

## **ARTICLE IV SHARES**

The number of shares of stock is:

100 shares

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Lori A. Heim, Esq. -- President, Secretary,  
Treasurer and Sole Director

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**ARTICLE VI REGISTERED AGENT**

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

Lori A. Helm, Esq.  
3601 W. Granada St.  
Tampa, Florida 33629

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lori A. Helm, Esq.  
3601 W. Granada St.  
Tampa, Florida 33629

\*\*\*\*\*

*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

2/26/08

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/26/08

\_\_\_\_\_  
Date

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