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| (Requestor's Name) | | |
|---|-------------------------------------|------|
| (Address) | | |
| (Address) | | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | ified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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1.5.C.

COVER LETTER

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

SUBJECT: Immortality Law Firm P.A(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Indorporation and a check for :

\$70.00 Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75 Filing Fee

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: // Verm 9h

/ Name (Printed or typed

Address

City, State & Zip

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 FOR PROFIT)

ARTICLE ONE: NAME THE IMMORTALITY LAW FIRM P.A..

ARTICLE II PRINCIPAL OFFICE

4491 S. S TATE RD. 7 #314 PLANTATION, FLORIDA 33317

ARTICLE III PURPOSE



TO PROVIDE PROFESSIONAL LEGAL SERVICES TO THE PUBLIC PRINCIPALLY CONCENTRATED ON MATTERS EXTENDING THE LEGACIES OF INDIVIDUALS BOTH LIVING AND DECEASED, OTHER ENTITIES AND CREATIVE WORKS INDEFINITELY

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK SHALL BE ONE THOUSAND (1,0000.00)

ARTICLE V
OFFICERS AND DIRECTORS

LLOYD B. SILVERMAN PRESIDENT 4491 S STATE RD 7 #314. PLANTATION, FLORIDA 33317 FLORIDA BAR NO. 341460

ARTICLE VI REGISTERED AGENT

LLOYD B. SILVERMAN 4491 S. STATE RD. 7 #314 DAVIE FORIDA 33314

ARTICLE VII INCORPORATOR LLOYD B SILVERMAN 4491 S STATE RD. 7 #314 DAVIE, 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,

Date

Date

Registered agent

(NCORPORATOR