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COVER LETTER

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

SUBJECT: GARY L	LEWIS P.A. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	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 of Status PPY REQUIRED
FROM: GA	RY LEWIS Nam	e (Printed or typed)	
150	5 JOHNS COVE LANE	Address	
OAI	KLAND, FL 34787 City	, State & Zip	
704	-657-9762		

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

gli3716@yahoo.com

2010 APR -8 PH 1: 30

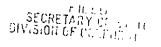
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

GARY L LEWIS P.A.



2010 APR -8 PM 1:30

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 1505 JOHNS COVE LANE, OAKLAND, FL 3787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAW FIRM FOR PROFIT

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): GARY LEWIS, CHIEF EXECUTIVE OFFICER

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Gary Lewis

1505 johns cove lane, oakland, fl 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gary Lewis

1505 johns cove lane, oakland, fl 34787

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

Date

Date