

PI 00000083454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

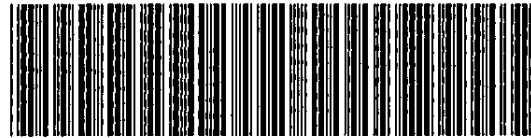
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OCT 12 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12:00 PM OCT 12 2010

COVER LETTER

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

SUBJECT: The Law Office of Natasha A. Sinckler, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Natashia Angelique Sinckler
Name (Printed or typed)

5337 Oakmont Village Circle
Address

Lake Worth, FL 33463
City, State & Zip

(954)-483-0189
Daytime Telephone number

sincklerlaw@aol.com
E-mail address: (to be used for future annual report notification)

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 Law Office of Natasha A. Sinckler, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6801 Lake Worth Rd.
Suite 112
Greenacres, FL 33467

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The primary purpose for which this corporation is organized is to provide competent legal representation to all clients at reasonable rate.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natasha A. Sinckler, President
Address: 6801 Lake Worth Road
Suite 112
Greenacres, FL 33467

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

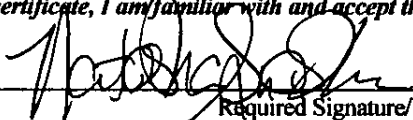
Name: Natasha A. Sinckler
Address: 6801 Lake Worth Rd., Suite 112
Greenacres, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Natasha A. Sinckler
Address: 5337 Oakmont Village Circle
Lake Worth, FL 33463

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



Required Signature/Registered Agent

10/05/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/05/2010

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA