

P11000002574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700189997587

01/07/11--01013--003 **78.75

CLERK OF COURT
ALABAMA, FLORIDA

2011 JAN -7 PM 1:29

FILED

J. Shivers JAN 10 2011

COVER LETTER

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

SUBJECT: The Law Office of Brad Waldrop, Inc.
(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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM:

Bradley Waldrop

Name (Printed or typed)

275 Pradera Street

Address

St. Augustine, FL 32086

City, State & Zip

904-814-8585

Daytime Telephone number

brad @ bradwaldrop law . com

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

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

FILED
2011 JAN -7 PM 1:29
TALLAHASSEE, FLORIDA

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:

The Law Office of Brad Waldrop, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

125-B King Street

St. Augustine, FL 32084

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General law practice

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bradley Waldrop, Owner

Address: 275 Pradera Street

St. Augustine, FL 32086

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: Bradley Waldrop

Address: 275 Pradera Street

St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bradley Waldrop

Address: 275 Pradera Street

St. Augustine, FL 32086

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

1/03/2011

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

1/03/2011

Date

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2011 JAN -7 PM 1:29

FILED