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(Ac	ddress)			
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(City/State/Zip/Phone #)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE.

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COVER LETTER

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

در نا ب

SUBJECT: Adam L. Bantner, P.A.					
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCI</u>	LUDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL CO	OPY REQUIRED			
FROM: Adam Bantner Name (Printed or typed)					
17446 New Cross Circle					
A	ddress	ফুল			
Lithia, Florida 33547	State & Zip	ALLA)	2011 F		
813.453.6396	state & Zip	HASSE	II FEB 25		
Daytime Te	elephone number		9		
abantner@hotmail.com E-mail address: (to be used	for future annual report	notification)	C		

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 The name of the co	NAME Adam L. Bantner, P.A. poration shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
1	7446 New Cross Circle		
	thia, FL 33547		
-			
ARTICLE III			
	nich the corporation is organized is:		
To provide le	gal services		
ARTICLE IV The number of shar			
	INITIAL OFFICERS AND/OR DIRECTORS		
	le: Adam L. Bantner. II: President Na		
Address:	17446 New Cross Circle A	ddress:	
	Lithia, FL 33547	41	
			1
Name and Ti	ile:N	ame and Title:	
Address:	116;1No	ddreec	
Audress.	A		
			
Name and Ti	ile:N	ame and Title:	
Address:	A	ddress:	
			2011 31.C
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of the	registered agent is:	AHA FEB
Name:	Adam L. Bantner, II		
Address:	17446 New Cross Circle		25 SSE
	Lithia, FL 33547		rm _e
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Adam L. Bantner, II		The state of the s
Address:	17446 New Cross Circle		
11441400	Lithia, FL 33547	•	_
Having been name	d as registered agent to accept service of process for	the above stated corpo	ration at the place designated in
this certificate, I an	familiar with and accept the appointment as register	ed agent and agree to ac	t in this capacity
1/10			2/19/2011
	Required Signature/Registered Agent		Date
I ou bands shite do	ment and affirm that the facts stated herein are true	I am guare that the	false information submitted in a
document to the D	ment and affirm that the facts stated herein are true partment of State constitutes a third degree felony as	nemided for in a 817 IC	S. F.S.
aucument to the Di	purment of same consumera that a negree fetony as	provided for Hi 3.01/113.	urg e taut
//			2/40/2044
	District State of the state of		2/19/2011 Date
//	Required Signature/Incorporator		Date