

P110000046045

(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



300207434203

05/12/11--01028--006 **70.00

FILED

2011 MAY 12 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL 32301

SC
513-11

COVER LETTER

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

SUBJECT: THE LAW FIRM OF MERRIBETH HOLMES, 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

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: The Law Firm of Merribeth Holmes, P.A.
Name (Printed or typed)

P.O. Box 12577

Address

Tallahassee, FL 32308

City, State & Zip

850-391-1111 or 850-583-0888

Daytime Telephone number

MHLawFirm@comcast.net

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2011 MAY 12 PM 2:30

FILED

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 Firm of Merribeth Holmes, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1684 Metropolitan Circle
Tallahassee, FL 32308

Mailing address, if different is:
P. O. Box 12577
Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide legal services and for all other legal purposes.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Merribeth Holmes - President/Sec/Treas
Address: P.O. Box 12577
Tallahassee, FL 32317

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:

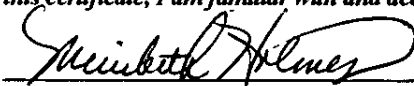
Name: Merribeth Holmes
Address: 1684 Metropolitan Circle
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Merribeth Holmes
Address: P.O. Box 12577
Tallahassee, FL 32317

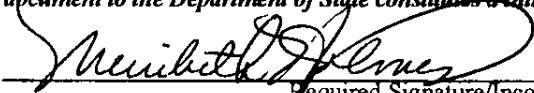
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/5/11
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

5/5/11
Date

FILED
2011 MAY 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32304