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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROBERT SCHEFFEL WRIGHT, P.A.

**1300 Thomaswood Drive
Tallahassee, Florida 32308**

August 31, 2011

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

SUBJECT: ROBERT SCHEFFEL WRIGHT, P.A.

Enclosed are an original and two (2) copies of the articles of incorporation and a check for \$87.50, for the required filing fee, a certified copy of the articles of incorporation, and a certificate of status for the subject corporation, which is a professional association.



FROM:

Name (Printed or typed): ROBERT SCHEFFEL WRIGHT, P.A.

Street Address: 1300 THOMASWOOD DRIVE

City, State & Zip: TALLAHASSEE, FLORIDA 32308

Daytime Telephone Number: 850/385-0070

E-mail address: Schef@gbwlegal.com

Thank you very much for your assistance with this matter. If you have any questions, please call me at 850/385-0070 or 850/933-2016.

Cordially yours,


Robert Scheffel Wright

Enclosure

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: ROBERT SCHEFFEL WRIGHT, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1300 THOMASWOOD DRIVE
TALLAHASSEE, FLORIDA 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in all aspects of the practice of law, and to provide advice and counsel to public-sector clients and private-sector clients regarding legal and policy matters relating to electric rates, legal and business relationships between utilities, their customers, and suppliers, renewable energy, and energy policy.

ARTICLE IV SHARES

The number of shares of stock is: Ten (10) shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ROBERT SCHEFFEL WRIGHT</u>	Name and Title: _____
Address: <u>1300 THOMASWOOD DRIVE</u>	Address: _____
<u>TALLAHASSEE, FLORIDA 32308</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: ROBERT SCHEFFEL WRIGHT
Address: 1300 THOMASWOOD DRIVE
TALLAHASSEE, FLORIDA 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT SCHEFFEL WRIGHT
Address: 1300 THOMASWOOD DRIVE
TALLAHASSEE, FLORIDA 32308

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

Robert Scheffel Wright
Required Signature/Registered Agent

8/31/2011
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.

Robert Scheffel Wright
Required Signature/Incorporator

8/31/2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA