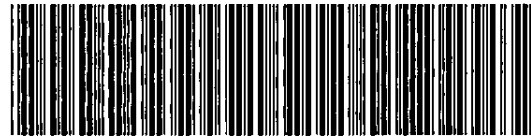


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(Requestor's Name)

(Address)

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COVER LETTER

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

SUBJECT: John P. Koplitz, 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: John P. Koplitz, Esq.
Name (Printed or typed)

1405 W. Swann Ave.
Address

Tampa, FL 33606
City, State & Zip

813.420.7092
Daytime Telephone number

jkoplitz@gmail.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 John P. Koplitz, P.A.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1405 W. Swann Ave. Mailing address, if different is:
Tampa, FL 33606

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The practice of law for profit.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>John P. Koplitz, Esq.</u>	Name and Title: _____
Address: <u>1405 W. Swann Ave.</u>	Address: _____
<u>Tampa, FL 33606</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: John P. Koplitz, Esq.
Address: 1405 W. Swann Ave.
Tampa, FL 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: John P. Koplitz, Esq.
Address: 1405 W. Swann Ave.
Tampa, FL 33606

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 9/2/11
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 9/2/11
Date