

P11000079254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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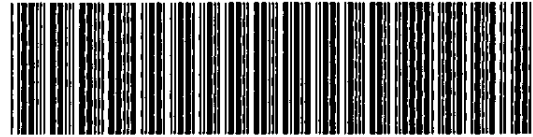
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP -7 AM 11:10

Ps 9/8/11

COVER LETTER

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

SUBJECT: FLORIDA DEBTORS ASSISTANCE, 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: William J. Ridings, Jr.,
Name (Printed or typed)

200 Knuth Road, Ste 132
Address

Boynton Beach, FL 33436
City, State & Zip

561-732-7002
Daytime Telephone number

wridings@atlanticlegalgrouppa.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

Florida Debtors Assistance, P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

200 Knuth Road, Ste 132

Boynton Beach, FL 33436

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Practice Law

ARTICLE IV SHARES

The number of shares of stock is common 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William J. Ridings, Jr., Co-President

Address: 200 Knuth Road, Ste 132

Boynton Beach, FL 33436

Name and Title: _____

Address: _____

Name and Title: David J. Lazarovic, Co-President

Address: 200 Knuth Road, Ste 132

Boynton Beach, FL 33436

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: William J. Ridings, Jr.

Address: 200 Knuth Road, Ste 132

Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William J. Ridings, Jr.

Address: 200 Knuth Road, Ste 132

Boynton Beach, FL 33436

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

William J. Ridings, Jr.
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.

William J. Ridings, Jr.
Required Signature/Incorporator

9-2-11
Date

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