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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION The Criminal Defense Firm, P.A.

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COVER LETTER

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

SUBJECT: The Criminal Defense Firm, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Matt Robinson, Esq.	ne (Printed or typed)		
1818 Holman Avenu	IC Address	2011 OCT	15. 55.
Covington, KY 410	14 y, State & Zip)CT L4	
859-581-7777 Daytime	Telephone number	PH 12:	9E
contactus@nlpa.cor	n sed for future annual report notification)	e : -	-

NOTE: Please provide the original and one copy of the articles.

JIVISION OF CCRPC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2011 OCT 14 PM 12: 18

RTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
	818 Holman Avenue		
	Covington, KY 41014		
RTICLE III	PITRPOSE		
	hich the corporation is organized is:		
	Association for legal representation	1	
	- ,		
	,		
		,	
ARTICLE IV	SHARES		
he number of she	es of stock is: 500		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS .	
	tle:Matthew M. Robinson, Direc	IOT Name and Title:	
Address:	1818 Holman Avenue	Address:	
	Covington, KY 41014		
			
Name and Ti	tle James Relt Director	Name and Title:	
Address:	4510 Malcolm X Boulevard	Name and Title:	
	Dallas, TX 75215		
			<u> </u>
Name and Ti	tle:	Name and Title:	
Address:		Address:	
urticle vi	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	H. Wesley Robinson		
Address:	876 Sea Dune Lane		
	Marco Island, FL 34145		
ARTICLE VII	INCORPORATOR		
	lress of the Incorporator is:		
Name:	Matthew M. Robinson, Esq		
Address:	1818 Holman Avenue		
_	Covington, KY 41014	·	
Tavifig been nam	gd as registered agent to accept service of pro	cess for the above stated corporation at the place d	esignated in
his/certificate, I of	n familiar with and accept the appointment as	registered agent and agree to act in this capacity	ſ
M/ 1 1	111	ואווווו	11
			11
	Required Signature/Registered Agent	Date	
submit this Made	and affirm that the facts stated hereby	are true. I am oware that the false information sui	mitted in a
ocumentinkha b	is artment of State constitutes a third degree fe	are true. I am aware that the false information sul lony as provided for in s.817.155, F.S.	,
	/	12/11	1
		10/14	12011
—###/WW	Required Signature/Incorporator	- / 1 \-	