

P/1000091071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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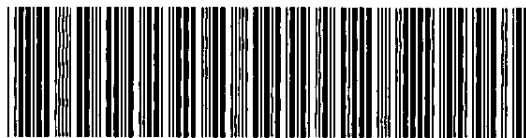
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 OCT 18 PM 1:29
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 OCT 18 PM 1:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 10/18/11

COVER LETTER

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

SUBJECT: Tallahassee Legal Counsel, 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: Alan Smith

Name (Printed or typed)

415 E. Brevard Street APT 39

Address

Tallahassee, FL 32301

City, State & Zip

850-345-9197

Daytime Telephone number

alansmith@tallahasseelegalcounsel.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

The name of the corporation shall be: **Tallahassee Legal Counsel, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
327 Office Plaza, Ste 206
Tallahassee FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Providing legal advice and representation in
Tallahassee and surrounding areas**

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Smith, Managing Partner	Name and Title: _____
Address: 415 E. Brevard St. APT 39	Address: _____
Tallahassee FL 32301	_____

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: **Alan Smith**
Address: **415 E. Brevard Street APT 39**
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Alan Smith**
Address: **415 E. Brevard Street APT 39**
Tallahassee FL 32301

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

10/18/2011

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.



Required Signature/Incorporator

10/18/2011

Date

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