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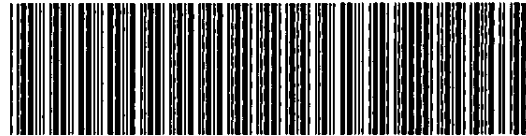
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers OCT 28 2011

COVER LETTER

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

SUBJECT: ELDER LAW FIRM OF CENTRAL FLORIDA, PA
(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: _____

PATRICIA ANN WILSON, J.D.

323 WEST ALFRED STREET

TAVARES, FLORIDA 32778

352-343-5070

pattywilsonpa@gmail.com

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: ELDER LAW FIRM OF CENTRAL FLORIDA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

323 WEST ALFRED STREET
TAVARES, FLORIDA 32778

Mailing address, if different is:

PO BOX 1303
TAVARES, FLORIDA 32778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRACTICE OF LAW AND OTHER BUSINESS ACTIVITIES ALLOWED BY LAW.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA ANN WILSON, J.D.,
Address: - PRESIDENT
- 323 WEST ALFRED STREET
TAVARES, FLORIDA 32778

Name and Title: PATRICIA ANN WILSON, J.D.,
Address: SECRETARY/TREASURER
323 WEST ALFRED STREET
TAVARES, FLORIDA 32778

Name and Title: _____
Address: _____

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: PATRICIA ANN WILSON, J.D.
Address: 323 WEST AFLRED STREET
TAVARES, FLORIDA 32778

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIA ANN WILSON, J.D.
Address: 323 WEST AFLRED STREET
TAVARES, FLORIDA 32778

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

Patricia Ann Wilson

Required Signature/Registered Agent

10/26/11

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.

Patricia Ann Wilson

Required Signature/Incorporator

10/26/11

Date

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