

P11000097097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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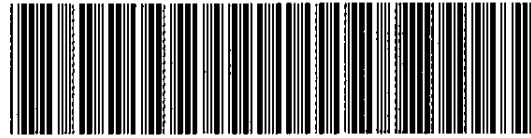
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/09/11

COVER LETTER

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

SUBJECT: Law Office of Matthew W. Smith, 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: Matthew Smith

Name (Printed or typed)

409 Parson Brown Way

Address

Longwood, FL 32750

City, State & Zip

321-578-7084

Daytime Telephone number

ms2005.1@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

The name of the corporation shall be: **Law Office of Matthew W. Smith, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
409 Parson Brown Way
Longwood, FL 32750

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law Firm. Matthew W. Smith, P.A. will provide quality legal services to its clients.

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Matthew W. Smith, Esq.**
Address: **409 Parson Brown Way**
Longwood, FL 32750

Name and Title: _____
Address: _____

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: **Matthew W. Smith, Esq.**
Address: **409 Parson Brown Way**
Longwood, FL 32750


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Matthew W. Smith, Esq.**
Address: **409 Parson Brown Way**
Longwood, FL 32750


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TALLAHASSEE, FLORIDA

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

 **Matthew Smith**
Required Signature/Registered Agent

11/02/2011
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.

 **Matthew Smith**
Required Signature/Incorporator

11/02/2011
Date