## P12000010444

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SINGELIARY OF STATE
TAIL THAN SCENE FLORID

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## **COVER LETTER**

i.

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

SUBJECT: The Flynn Law Firm, P.A.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Co & Certificate Status				
	ADDITIONAL C		D			
		<u> </u>				
FROM: James E. Flynn, Jr. Name (Printed or typed)						
231 Rafael Blvd, N	E					
A	ddress	7-	] [ <u>[</u>	<u>.</u>		
St. Petersburg, FL City,	33704			2 IAN 20		
City,	State & Zip			ລິ	FILED	
(912)604-3440 (Daytime Te	.cell)	r: 	' \			
Daytime Te	elephone number		ST.	PX :: 10	_	
the flynnlaw firm &	g mail. com	notification)		<u>-</u>		

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2012

JAMES E. FLYNN, JR. 231 RAFAEL BLVD. NE ST. PETERSBURG, FL 33704

SUBJECT: THE FLYNN LAW FIRM P.A.

Ref. Number: W12000001605

We have received your document for THE FLYNN LAW FIRM P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list the name of the corporation in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the street address of each officer/director.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 012A00000633

2 JAN 30 PM 4: 19

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

ARTICLE II PRINCIPAL OFFICE Principal street address 5501 Central Avenue  12 JAN 30 PM 4: 19  Mailing address, if different is: SECRETARY OF STATE	ARTICLE I NAME The name of the corporation shall be:	ic Flynn Law Firm, P.A	FILED .
ARTICLE II PURPOSE The purpose for which the corporation is organized is:  LAW firm  ARTICLE IV SHARES The number of shares of stock is: 100,000 (one number of shares of stock is: 100,000 (one number of shares)  Name and Title: Mares E. Fluhn, uh. — nanager Address:  231 Rafact Did. NE St. Pelersburg, FL 33704  Name and Title: Address:  Name and Title: Address:  Name and Title: Address:  Address: Address:  Address: Address:  Address: Address:  Address: Address:  Address: Address:  Article VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Address: Soli Cerndal Avenue  St. Pelers burg, FL 33710-8050  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name: Address: 231 Raface Did. NE St. Pelers burg, FL 33710-8050  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  The 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.  O1. 240. 12	ARTICLE II PRINCIPAL OFFIC	<u>:E</u>	12 JAN 30 PM 4: 19
The purpose for which the corporation is organized is:  LAW firm  ARTICLE IV SHARES The number of shares of stock is: 100,000 Lone nursed that sand)  ARTICLE V INITIAL OFFICERS ANDOR DIRECTORS  Name and Title: Marks E. Flunn, dr. — nanager Address: 231 Safaar Blvd, NE 31. Peters burg, FL 32704  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: Address: 5501 Central Avenue St. Peters burg, FL 33710-850  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: James L. Flunn, dr. Address: 231 Refuel Blvd, ME St. Peters burg, FL 33704  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  On. 24e. 12  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.	5501 Central A	venue	T 4 1 4 4 1 4 4 0 C C C C 1 A D (A)
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The number of shares of stock is: 100,000 (one nurried thousand)  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Marks E. Flynn, dr manager Address: 21 Rafaet Blvd, NE Address:  St. Pekershurg, FL 33704  Name and Title: Name and Title: Address:  Name and Title: Address: Address:  Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James L. Flynn, dr. Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: James L. Flynn, dr. Address:  ARTICLE VI INCORPORATOR  ARTICLE VII INCORPORATOR  ARTICLE VII INCORPORATOR  Address: James E. Flynn, dr. Ad	•	Law firm	•
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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: Address:  St. Flytn. Jr. Address:  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Address:  Address: Address: Address: Address: Address: Address: Address: Address:	Address:	Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Address:  5501 Central Avenue St. Pelers burg, FL 33710-8080  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Address:  1 Ratae: Blind, NE St. Pelers burg, TL 3370+  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  1 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.	Name and Title:Address:	Name and Address:	Title:
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Address: Address: Address:  Address:  Land Blvd. NE St. Peters bum, 1L 33704  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  Lot. 12  Required Signature/Registered Agent  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.	The name and Florida street address (P.C. Name: James E. Fl. Address: 550) Cerm	O. Box NOT acceptable) of the registered who it.	agent is:
The name and address of the Incorporator is:  Name: Address:  231 Rafaet Blvd. NE St. Peters burg. 1L 33704  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  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.		<del></del> ,	
Name: Address:  231 Rafael Blvd, NE St. Rekers burg, IL 33704  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  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.		ris:	
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.  O1. 26.12	Name: James E. Fl Address: 231 Rafael	yhn, dr. Blvd. NE	
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.  O1. 26.12	Having been named as registered agent this certificate, I am familiar with and acc	to accept service of process for the above ept the appointment as registered agent	ve stated corporation at the place designated in and agree to act in this capacity
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Dequired Signa	nture/Registered Agent	Date
Required Signature/Incorporator Date			
Reduced Signature/Incorporator Date			01.26.12
	Required Sig	nature/Incorporator	Date