

# P/2000068264

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

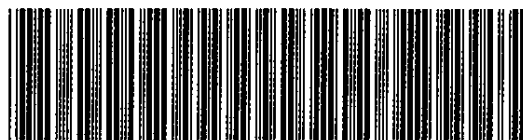
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 AUG -6 AM 10:05  
TALLAHASSEE, FLORIDA

K 08/08/12

## COVER LETTER

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

SUBJECT: Linda Rice Chapman, 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: Linda Rice Chapman

Name (Printed or typed)

12775 NW 196 Terrace

Address

Alachua, Florida 32615

City, State & Zip

352 226 2432

Daytime Telephone number

chapmanlrclw@aol.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: Linda Rice Chapman, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12775 NW 196 Terrace  
Alachua, FL 32615

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
the provision of professional services in the practice of law

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Linda Rice Chapman</u>	Name and Title: _____
Address: <u>12775 NW 196 Terrace</u>	Address: _____
<u>Alachua, FL 32615</u>	_____
_____	_____
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: Linda Rice Chapman  
Address: 12775 NW 196 Terrace  
Alachua, FL 32615

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Linda Rice Chapman  
Address: 12775 NW 196 Terrace  
Alachua, FL 32615

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CLERK OF STATE  
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

L.R. Chapman

Required Signature/Registered Agent

Linda Rice Chapman

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.

August 2, 2012

Date

L.R. Chapman

Required Signature/Incorporator

Linda Rice Chapman

August 2, 2012

Date