(Requestor's Name)
,
(Address)
(Address)
(Address)
,
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
•
(Document Number)
0.45.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700241485567

Eg 11/8/12

COVER LETTER

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

SUBJECT: Law Offices of Jared I. Loucel, 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 \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$ Certificate Status		
ADDITIONAL COPY REQUIRED	<u>'</u>	
FROM: Jared I. Loucel Name (Printed or typed)		فيد
3210 Clubside Dr. Address		
Longwood, Florida 32779 City, State & Zip	-7 PH	
904-563-5560 Daytime Telephone number	10:1	TATES
jaredl@loucellegal.com E-mail address: (to be used for future annual report notification)		ŗ

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)

	f ILES	
SECTE	TARY OF STATE	`.

	VAME Law Offices of Jared	I. Loucel, P.A.	ANISCH LE C	OF MAIN SO
The name of the corp			12 NOV -7	PM I ol.
ARTICLE II 1	PRINCIPAL OFFICE	N 4 '11'		111 1.04
	Principal <u>street</u> address 10 Clubside Dr.	Mailir	ng address, if different is:	
	ngwood, FL 32779		<u> </u>	
	ngwood, IL ozi i s			
4 DATE - D				
ARTICLE III P	ich the corporation is organized is:			
	al services to the residents of the	state of Florida.		
. o promoting				
ARTICLE IV S	SHARES			
The number of share	s of stock is: 1000			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	MPC		
	e:Jared I. Loucel, President			
Address:	3210 Clubside Dr.	Address:		
	Longwood, FL 32779			
			<u></u>	
Name and Titl	e:	Name and Title:		
Address:		Address:		
Name and Titl	e:	Name and Title:		
Address:	C			
ADTICI P W	REGISTERED AGENT			
	ida street address (P.O. Box NOT acceptable	le) of the registered agent is:		
Name:	Jared I. Loucel			
Address:	3210 Clubside Dr.			
	Langwood, FL 32779			
ARTICLE VII	INCORPORATOR			•
	ress of the Incorporator is:			
Name:	Jared I Loucel			
Address:	3210 Clubside Dr.			
	Longwood, FL 32779			
Havina heen name	d as registered agent to accept service of pr	ocess for the above stated o	ornoration at the place de	signated in
	familiar with and accept the appointment a			-
		• •		
			10/29/2012	
1/ /	Required Signature/Registered Agent		Date	
//		, , , , , , , , , , , , , , , , , , , ,	4.6.1.16.4	
	ment and affirm that the facts stated hereig			mutted in a
aocument to the De	partment of State constitutes a third degree f	eiony as proviaea for in s.81	7.133, F.S.	
(- h	160//		10/29/2012	
1	Required Signature/Incorporator		10/29/2012 Date	
	Required Cashanar Interpolation		Baic	