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(Requestor's Name)

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(City/State/Zip/Phone #)

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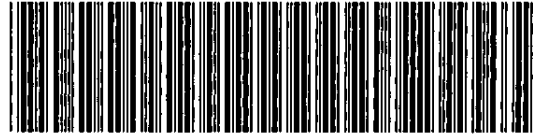
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
11/30/12

COVER LETTER

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

SUBJECT: The Law Offices of La-Zondra C. Randolph, 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 Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: La-Zondra Randolph, Esq.

Name (Printed or typed)

115 Maitland Avenue

Address

Altamonte Springs, FL 32701

City, State & Zip

407-900-1191

Daytime Telephone number

lazondra.randolph.law@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: **The Law Offices of La-Zondra C. Randolph, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
115 Maitland Avenue
Altamonte Springs, FL 32701

Mailing address, if different is:
P.O. Box 682954
Orlando, FL 32869

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **The Practice Of Law**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **La-Zondra Randolph, Esq. President/Secretary/Treasurer/Director**
Address: **115 Maitland Ave.
Altamonte Springs, FL 32701**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

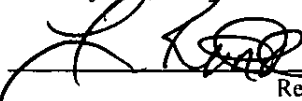
Name: **La-Zondra Randolph, Esq.**
Address: **115 Maitland Avenue
Altamonte Springs, FL 32701**

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **La-Zondra Randolph, Esq.**
Address: **115 Maitland Avenue
Altamonte Springs, FL 32701**

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



Required Signature/Registered Agent

11/25/12
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.



Required Signature/Incorporator

11/25/12
Date