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(Requestor's Name)				
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(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	#)		
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ie)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only				



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SECRETARY OF STATE
TALLAHASSEE, ELOPE

T. Burch JAN 14, 2013.

COVER LETTER

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

	hristo	opher Crawford, P.A.		
SUBJECT:		(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are ar	n orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$ \$70. Filing F		\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL CO	·
EDOM		ristopher Crawford		
rkow	ı	Name	e (Printed or typed)	
	201	E. Government		
			Address	
	Per	nsacola, Florida 32502		
		City,	State & Zip	
	850	-432-7726		
		Daytime T	elephone number	
	chri	s@bettercallchris.net		
		F-mail address: (to be use	d 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)

<i>ICLE II PRI</i> E. Governme	Principal street address	Mailing a	address, if different is:
sacola, FL 32	502		
			To 3
ICLE III PUR urpose for which the	POSE Render ne corporation is organized is:	Legal Servics	CRETARY CLAILASS
			3
			25
ICLE IV SHA	RES 100		
CLE V INIT Name and Title	Stock is: **IAL OFFICERS AND/OR DIRECT Christopher Crawford, Director	ORS of Name and Title:	
umber of shares of s	CIAL OFFICERS AND/OR DIRECTOR Christopher Crawford, Director 201 E. Government Street Pensacola, FL 32502	ORS I Name and Title: Address:	
CLE V INIT Name and Title Address	TAL OFFICERS AND/OR DIRECTO Christopher Crawford, Directo 201 E. Government Street	ORS OR Name and Title: Address:	
CLE V INIT Name and Title Address Name and Title:	TAL OFFICERS AND/OR DIRECTOR Christopher Crawford, Director 201 E. Government Street Pensacola, FL 32502	ORS Name and Title: Address: Name and Title:	
Name and Title: Address Address	Christopher Crawford, Directors 201 E. Government Street Pensacola, FL 32502	ORS ORS Name and Title: Address: Name and Title: Address:	
Name and Title: Address Address	YAL OFFICERS AND/OR DIRECTOR Christopher Crawford, Director 201 E. Government Street Pensacola, FL 32502	ORS ORS Name and Title: Address: Name and Title: Address:	

' Name	and Title:	Name and Title:	- · · ·
Addre	ess	Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Name:	Florida street address (P.O. Box NOT acceptable Christopher Crawford	e) of the registered agent is:	- .
	201 E. Government Street		
Address:	Pensacola, FL 32502		F 13 JAN SECRET FALLAHY
ARTICLE VI	I INCORPORATOR		FILED NIO PH TARYON
The name and	address of the Incorporator is:		F 51 :
Name:	Christopher Crawford		
Address:	201 E. Government Street		ू १७७४ - ध्या
ruuross.	Pensacola, FL 32502	_	
Having been n this certificate,	amed as registered agent to accept service of proc I am familiar pith and accept the appointment as	cess for the above stated corpo registered agent and agree to	oration at the place designated in act in this capacity
(1)	0 /4/		1-8-12
— C	Required Signature/Registered Agent		- & - \lambda Date
I submit this d	ocument and affirm that the facts stated herein a e Pepartment of State constitutes a third degree fe	are true. I am aware that the	false information submitted in a
//			1-8-17
	Required Signature/Incorporator		Date