## P1300009313

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

Office Use Only



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SECRETANY OF STATE
TALL ALLASSIFE, FLODES

F. BOWH JAN 28 2019

## **COVER LETTER**

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

SUBJECT: Florida TICKC+ Defenders, P.A.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA'	FE NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status		
ADDITIONAL COPY REQUIR					
FROM:	Denise Tyler Name 1570 Shadowl				
	Naples, FL 341 City. S				
	(239) 776-10 Daytime To	O   lephone number			
	denisemtyler i	2	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)

ICLE II P.	PINCIPAL OFFICE		
CLE II F.	RINCIPAL OFFICE Principal street address		Mailing address, if different is:
570 Sha	dowlawn Dr.		
	-L 34104		
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	UDBOCE	<del></del> ,	
ICLE III PU urpose for whic	th the corporation is organized is:	and all	aspects of legal
ounselin	a and representation.		, 5
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CLE IV S	HARES		
ICLE IV Somber of shares	HARES of stock is: 1000		₩ # <b>5</b>
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umber of shares	of stock is:   ()()()() NITIAL OFFICERS AND/OR DIRECTO		5 +5
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umber of shares	of stock is: 1000 WITIAL OFFICERS AND/OR DIRECTO itle: DCNISE M. Tyler (Presi 1570 Shadowlawn Dr.	dentathe and Tit	ile: Kriston E. Rodger (Via 2641 Airport Rd S.
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Name an	ad Tthe:	_ Name and Title:	
Address		_ Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Denise M. Tyler	_	TAS A
Address:	1570 Snadowlawn Dr.	_	TLL ALCORE
	Naples, FL 34104	_	HARY C
ARTICLE VII	INCORPORATOR		FILED  JAN 28 PN 4: 4.5  CRETARY OF STATE  LAHASSEE FIRE
The <u>name and ac</u>	ldress of the Incorporator is:		
Name:	Denise M. Tyler	<del>_</del>	
Address:	Denise M. Tyler 1570 Shadowlawn Dr.	_	
	Naples, FL 34104	_	
	ned as registered agent to accept service of proces am familiar with and accept the appointment as re		
_	dta		1123113
	Required Signature/Registered Agent		Date
I submit this doc document to the i	rument and affirm that the facts stated herein are Department of State constitutes a third degree felou	true. I am aware that the fancy as provided for in s.817.15	alse information submitted in a 5, F.S.
	Required Signature/Incorporator		1/23/13
	Required signature/incorporator		· Date