

P13000021607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

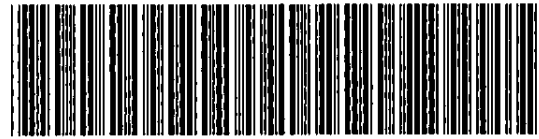
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/07/13--01013--005 **87.50

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13 MAR -7 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
3/8/13

COVER LETTER

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

SUBJECT: Law Office of Dan W. Moses, 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: Dan W. Moses

Name (Printed or typed)

One South Ocean Ocean Boulevard - Suite 317

Address

Boca Raton, FL 33432

City, State & Zip

561-368-0663

Daytime Telephone number

danwmoses@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: Law Office of Dan W. Moses, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

One South Ocean Boulevard
Suite 317
Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Legal Services (Attorney).

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 1,000

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dan W. Moses, President, Secretary, Treasurer

Name and Title: _____

Address One South Ocean Boulevard
Suite 317
Boca Raton, FL 33432

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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13 MAR -7 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dan W. Moses

Address:

One South Ocean Boulevard, Suite 317

Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

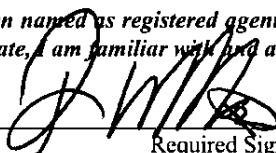
Dan W. Moses

Address:

One South Ocean Boulevard, Suite 317

Boca Raton, FL 33432

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

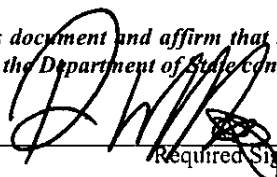


Required Signature/Registered Agent

03/04/2013

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

03/24/2013

Date