

P13000027533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400245687984

03/25/13--01032--014 **78.75

FILED

13 MAR 25 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/24/13

COVER LETTER

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

SUBJECT: The Law Office of Diana S. Miers, 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: Diana S. Miers, Esquire

Name (Printed or typed)

424 E. Central Blvd., Unit 335

Address

Orlando, Florida 32801

City, State & Zip

407-603-6538

Daytime Telephone number

dsm@dianamierslaw.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 Office of Diana S. Miers, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

424 E. Central Blvd., 335

Orlando, Florida 32801

Mailing address, if different is:

FILED
13 MAR 25 PM 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide full service for various legal needs of its clients.

ARTICLE IV SHARES

The number of shares of stock is: 160

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana S. Miers, Esquire, Owner and Principal

Address: 424 E. Central Blvd., Unit 335

Orlando, Florida 32801

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

13 MAR 25 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Diana S. Miers, Esquire
Address: 424 E. Central Blvd., Unit 335
Orlando, Florida 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Diana S. Miers, Esquire
Address: 424 E. Central Blvd., Unit 335
Orlando, Florida 32801

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

March 15, 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

March 15, 2013
Date