

P/3000028355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

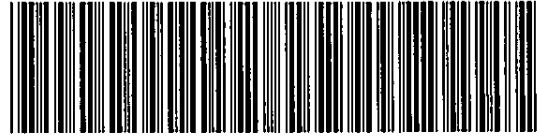
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: Jonathan M Cox PA
(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: Jonathan Cox
Name (Printed or typed)

3754 Lighthouse Dr.
Address

Palm Beach Gardens, FL 33410
City, State & Zip

561 951 4199
Daytime Telephone number

JC@kkc injury law. 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: Jonathan M Cox PA

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

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SECRETARY OF STATE
PALM HARBOR FLORIDA

224 Datura St.

3754 Lighthouse

Suite 1200

Palm Beach Gardens, FL 33410

West Palm Bch, FL 33401

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: Jonathan M Cox President Name and Title: _____

Address 3754 Lighthouse Dr Address: _____

Palm Beach Gardens, FL 33410

Name and Title: Megan Cox Vice President Name and Title: _____

Address 3754 Lighthouse Dr Address: _____

Palm Beach Gardens

West Palm Bch

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Jonathan Cox
Address: 3754 Light house Dr
Palm Beach Gardens, Fl 33410

ARTICLE VII INCORPORATOR

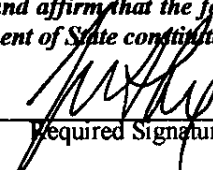
The name and address of the Incorporator is:

Name: Jonathan Cox
Address: 3754 Light house Dr
Palm Beach Gardens, Fl 33410

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 3/21/13 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 3/21/13 Date