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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

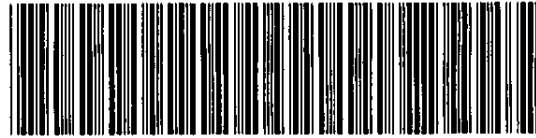
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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4/2  
8

## COVER LETTER

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

SUBJECT: Law Office of Nate Wesley Strickland, 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: Wes Strickland  
Name (Printed or typed)  
502 East Park Avenue  
Address  
Tallahassee, Florida 32301  
City, State & Zip  
850-321-3475  
Daytime Telephone number  
nate.wesley.strickland@gmail.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**

Law Office of Nate Wesley Strickland, P.A.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

502 East Park Avenue

Tallahassee, Florida 32301

Mailing address, if different is:

P.O. Box 1080

Tallahassee, Florida 32302-1080

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate a law firm and conduct ancillary legal services not prohibited by law.

**ARTICLE IV SHARES 100**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nate Wesley Strickland  
President, Treasurer, Secretary

Address: 502 East Park Avenue  
Tallahassee, Florida 32301

Name and Title: Nate Wesley Strickland  
Director

Address: 502 East Park Avenue  
Tallahassee, Florida 32301

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Nate Wesley Strickland  
Address: 502 East Park Avenue  
Tallahassee, Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Nate Wesley Strickland  
Address: 502 East Park Avenue  
Tallahassee, Florida 32301

*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

4/11/2013  
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

4/11/2013  
Date

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