

P13000032617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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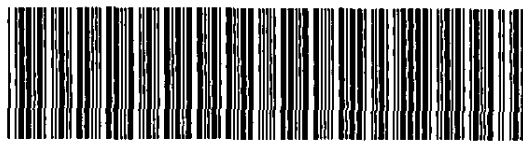
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

EBurch APR 10 2013

Post

COVER LETTER

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

SUBJECT: Ames & Stacknik 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Craig L. Ames
Name (Printed or typed)

10151 Deerwood Park Blvd., Bldg 200, Ste 250
Address

Jacksonville, FL 32256-0589
City, State & Zip

904-374-2136
Daytime Telephone number

craig@craigthelawyer.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: Ames & Stacknik PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

10151 Deerwood Park Blvd., Bldg 200, Ste 250

Jacksonville, FL 32256-0589

Mailing address, if different is:

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ALL/REGISTRATION

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law Firm organized as a professional association

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig L. Ames, Principal

Name and Title: _____

Address 10151 Deerwood Park Blvd., Bldg 200, Ste 250

Address: _____

Jacksonville, FL 32256-0589

Name and Title: Wesley R. Stacknik, Principal

Name and Title: _____

Address 7985 113th Street North

Address: _____

Suite 350

Seminole, FL 33772-4789

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Craig L. Ames, Principal
 Address: 10151 Deerwood Park Blvd., Bldg 200, Ste 250
Jacksonville, FL 32256-0589

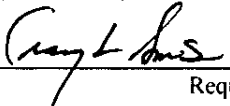
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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

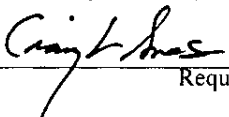
The **name and address** of the Incorporator is:

Name: Craig L. Ames
 Address: 10151 Deerwood Park Blvd., Bldg 200, Ste 250
Jacksonville, FL 32256-0589

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 April 5, 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 April 5, 2013 Date