# P13000042450

(Red	questor's Name)			
(Address)				
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(Cît	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2013

DANIELLE SPRADLEY 10031 PINES BLVD, SUITE 226 PEMBROKE PINES, FL 33024

SUBJECT: DANIELLE SPRADLEY & ASSOCIATES, P.A.

Ref. Number: W13000021215

We have received your document for DANIELLE SPRADLEY & ASSOCIATES, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 213A00008610

RECEIVED

### **COVER LETTER**

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

SUBJECT: Dar	nielle Spradley &	Associates,	P.A.
		ATE NAME – <u>MUST INCL</u>	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	anielle Spradley	-	
FROM:		e (Printed or typed)	
10	0031 Pines Blvd	Suite 226	
Р	embroke Pines,	Address FL 33024	
	City	, State & Zip	
9	54.608.1682		
	Daytime 1	Telephone number	

NOTE: Please provide the original and one copy of the articles.

dmspradleylaw@gmail.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STAFF DIVISION OF CORPORATIONS

TICLE II P.	Danielle Spradi  RINCIPAL OFFICE  Principal street address  Plyd Suito 226	13 MAY 13  Mailing address, if different is:	AM
	Pines, FL 33024		_
TICLE III PI	TRPOSE h the corporation is organized is:	erate as a full service law practice	- 
TICLE IV S. number of shares	HARES 10000		
TICLE V II	NITIAL OFFICERS AND/OR DIRECT	<del></del>	
TICLE V II	ntrial officers and/or direct Danielle Spradley 10031 Pines Blvd	<b>FORS</b> Name and Title: Address:	
TICLE V II	ntrial officers and/or direct	Name and Title:  Address:	
Name and T Address	Danielle Spradley  10031 Pines Blvd  Suite 226  Pembroke Pines, FL 3	Name and Title:  Address:	
Name and T Address	Danielle Spradley  10031 Pines Blvd  Suite 226  Pembroke Pines, FL 3	Name and Title:  Address:	
Name and T Address  Name and Ti	Danielle Spradley  10031 Pines Blvd  Suite 226 Pembroke Pines, FL 3	Name and Title:  Address:  Name and Title:  Address:	
Name and To Address  Name and To Address	Danielle Spradley  10031 Pines Blvd  Suite 226 Pembroke Pines, FL 3	Name and Title:  Address:  Name and Title:  Address:	

(conti.)

## SLERE FARY OF STATE DIVISION OF CORPORATIONS

•	Name and	Title:_		Name and Title:_	13 MAY 13	AM 9: 26
•	Address			Address:	_	
				_		
ARTIC	LE VI	REG	ISTERED AGENT			
			reet address (P.O. Box NOT acceptable) of	the registered agent	t is:	
Name:		Dai	nielle Spradley			
10031 Pines Blvd, Suite 226						
		Per	mbroke Pines, FL 33024			
	CLE VII		DRPORATOR  f the Incorporator is:			
Nam			Danielle Spradley			
Ado	dress:	1	0031 Pines Blvd, Suite 2	210		
		F	Pembroke Pines, FL 3302	24		
this cert	itificate, I ar	n fami	egistered agent to accept service of process litar with and accept the appointment as region Required Signature/Registered Agent and affirm that the facts stated herein are to	istered agent and a	gree to act in this	capacity  Bate
docume	ent to the Di	epartm	Required Signature/Incorporator	as provided for in	s.817.155, F.S.	4 3 13 Date