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(Requestor's Name)			
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(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
TALL AHASSEF, FLORING

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COVER LETTER

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

SUBJECT:	Brittany J. P	Phillips, P.A.		
	(PROPOSED) CORPORA	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fec & Certificate of Status	☐ \$78.75 Filing Fec & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Britany J. Phillips Name (Printed or typed)				
	5264 SW 154	Hue. ddress	······································	
Miramay, FL 33027 City, State & Zip				
305-331-3902 Daytime Telephone number				
E-mail address: (tobe 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)

The name of the corpora		1. Phillips, P.F	}.
ARTICLE II PR	INCIPAL OFFICE Principal street address		ss, if different is:
5244 SW	159 Aue	-N/A	
Miramar, FL	. 33027		
ARTICLE III PUR The purpose for which	the corporation is organized is: The	general pract	the of law.
ARTICLE IV SH. The number of shares of	ARES T stock is: 1000		13 AUG 12 AM SECRETARY OF STALLAHASSEE, FL
	e:Brittany J. Phillips, Preside		9: 51 STATE LORIDA
Address	5264 Sw 159 Are Miramar, Fl 33027		
Name and Title	×	Name and Title:	
Address			
Name and Title	:		
Address		Address:	

Name and	I Title:	Name and Title:
Address		Address:
Name:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Britany J- Phillips 50/0/4 Standard 1500 1000 1000	- 13
Address:	5264 SW 159 Ave Miramar, Fl 33007 INCORPORATOR	AUG 12 AH 9: CRLTAKY UF ST/ LAHASSEE, FLO
The name and ad	dress of the Incorporator is:	AIE S
Name: Address:	Brittany J. Phillips 5264 Sw 159 Aug Miramar, FL 33027	A
	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
		8/6/13
	Required Sygnature/Registered Agent	Date
		true. I am aware that the false information submitted in a
	Required Signature/Incorporator	8/6/13 Date