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COVER LETTER

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

SUBJECT: Florida Appeals & Mediations, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Allison M. Perry, Esq.
Name (Printed or typed)
P. O. Box 10678
Address
Tampa, FL 33679-0678
City, State & Zip
813-546-5188
Daytime Telephone number
Allison@AllisonAppeals.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: Florida Appeals & Mediations, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

200 Central Ave.
Suite 5121
St. Petersburg, FL 33701

Mailing address, if different is:

P.O. Box 10678
Tampa, FL
33679-0678

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Law practice
specializing in Florida appeals and
mediation services that do not
require a law license.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allison M. Perry, President Name and Title: _____

Address: 4006 W. Watrous Ave Address: _____

Tampa, FL
33629

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

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:

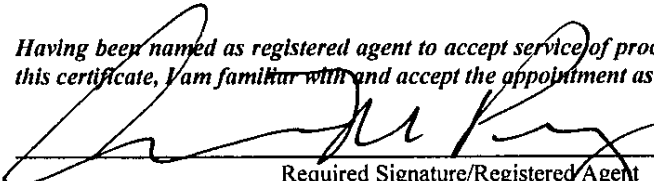
Name: Allison M. Perry, Esq.
Address: 200 Central Ave. Ste. 5121
St. Petersburg, FL 33701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allison M. Perry, Esq.
Address: 4006 W. Watrous Ave.
Tampa, FL 33629

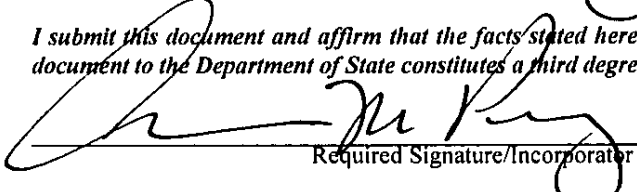
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8-23-13
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

8-23-13
Date

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