

P/3000090419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

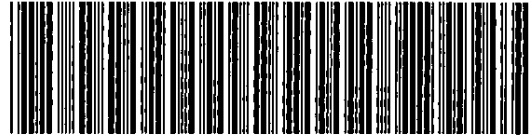
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 11/05/13

EFFECTIVE DATE 10/31/13

COVER LETTER

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

SUBJECT: Private Law Firm, 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: Shannon Michelle Harp, Esq.

Name (Printed or typed)

P.O. Box 15742

Address

Brooksville, FL 34604

City, State & Zip

516-582-4798

Daytime Telephone number

privatelawfirmmpa@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

The name of the corporation shall be: Private Law Firm, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

224 West Fort Dade Ave
Brooksville, FL 34601

Mailing address, if different is:

P.O. Box 15742
Brooksville, FL 34604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Private Law Firm, P.A. will have the sole purpose of providing legal services to the community.

ARTICLE IV EFFECTIVE DATE: 10/31/13

ARTICLE V SHARES

The number of shares of stock is: 100,000

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shannon Michelle Harp, Esq.

Address: P.O. Box 15742
Brooksville, FL 34604

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/13/13

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VII REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shannon Michelle Harp, Esq.
Address: 224 West Fort Dade Ave
Brooksville FL 34601

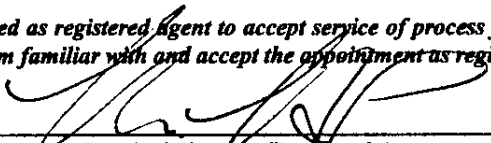
ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

Name: Shannon Michelle Harp, Esq.
Address: P.O. Box 15742
Brooksville, FL 34604

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TALLAHASSEE, FLORIDA

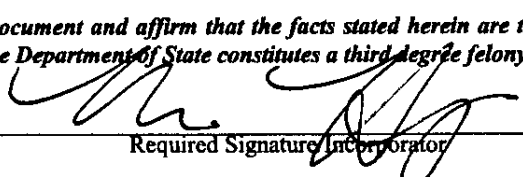
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/31/13

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

10/31/13

Date

EFFECTIVE DATE 10/31/13