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SECRETARY OF STATE
DIVISION OF CORPORATIONS

g 11/27/13

COVER LETTER

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

SUBJECT: Matthew J Shilling, 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: Matthew J Shilling

Name (Printed or typed)

1825 NW Corporate Blvd Ste 110

Address

Boca Raton, FL 33431

City, State & Zip

561-801-7358

Daytime Telephone number

mjs@shilling-law.com

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

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

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Matthew J Shilling, P.A.

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1825 NW Corporate Blvd Ste 110
Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the practice of law as a professional law corporation and to carry
on services incident to the practice of law. The practice of law is the sole and
exclusive professional service to be rendered by the corporation.

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew J Shilling, Pres. Name and Title: _____

Address 1825 NW Corporate Blvd Ste 110 Address: _____
Boca Raton, FL 33431

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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:

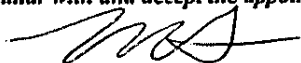
Name: Matthew J Shilling
Address: 1825 NW Corporate Blvd Ste 110
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew J Shilling
Address: 1825 NW Corporate Blvd Ste 110
Boca Raton, FL 33431

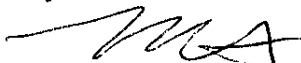
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/20/13
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

11/20/13
Date

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