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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

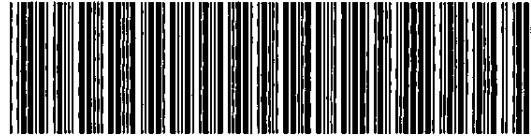
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 28 PM 1:38

3/31/14

**COVER LETTER**

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

**SUBJECT:** Julien Law, PA  
(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:** Kennetha Julien  
Name (Printed or typed)  
822 AIA N. Ste 310  
Address  
Ponte Vedra, FL 32080  
City, State & Zip  
303.884.5513  
Daytime Telephone number  
Kj Julien@live.com  
E-mail address: (to be used for future annual report notification)

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**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)

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**ARTICLE I NAME**

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

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

822 AIA, N., Ste 310  
Ponte Vedra, FL 32080

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide legal and  
mediation services to consumers.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kennetha Julien, CEO Name and Title: \_\_\_\_\_

Address 822 AIA N., Ste 310 Address: \_\_\_\_\_  
Ponte Vedra, FL 32080

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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: Kennetha Julien  
Address: 822 AIA, N., Ste 310  
Ponte Vedra, FL 32080

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kennetha Julien  
Address: 822 AIA, N., Ste 310  
Ponte Vedra, FL 32080

*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*

Kennetha Julien  
Required Signature/Registered Agent

03/21/2014  
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.*

Kennetha Julien  
Required Signature/Incorporator

03/21/2014  
Date

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