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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

COVER LETTER

SUBJECT: **Dodds Law, Inc.**

(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: **LeesaAnn Nicole Dodds**

Name (Printed or typed)

17180 Carrington Park Drive #714

Address

Tampa, Florida 33647

City, State & Zip

(813) 297-0023

Daytime Telephone number

leesaannattny@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: Dodds Law, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17180 Carrington Park Dr. #714
Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful activity.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LeesaAnn Dodds PTSD Name and Title: _____
Address: 17180 Carrington Park Dr. #714 Address: _____
Tampa, FL 33647

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

(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: LeesaAnn Dodds
Address: 17180 Carrington Park Dr. #714
Tampa, FL 33647

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LeesaAnn N. Dodds
Address: 17180 Carrington Park Dr. #714
Tampa, FL 33647

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

LeesaAnn Nicole Dodds 6/15/14
Required Signature/Registered Agent 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.

LeesaAnn Nicole Dodds 6/15/14
Required Signature/Incorporator Date

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