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W14-2408 (MD 7/2)

COVER LETTER

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

SUBJECT: Law Office of Casey Stripling, PA
(PROPOSED CORPORATE NAME - MUST INCLUDE SUIT

inclosed are an orig	inal and one (1) copy of the ar	licles 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
	·	I ADDITIONAL CO	DV DFAIIIDFD

FROM:	Clifford B Stripling			
	Name (Printed or typed)			
	1431 Riverplace, #1503			
	Address			
	Jacksonville, FL 32207			
	City, State & Zip			
	904-887-0768			
٥	Daytime Telephone number			
	striplingpa@bellsouth.net			
	E-mail address: (to be used for future annual report notification)			

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



June 10, 2014

CLIFFORD B. STRIPLING 1431 RIVERPLACE, #1503 JACKSONVILLE, FL 32207

SUBJECT: LAW OFFICE OF CASEY STRIPLING, PA

Ref. Number: W14000036008

We have received your document for LAW OFFICE OF CASEY STRIPLING, PA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 214A00012519

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

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

ARTICLE I NAM The name of the corporat	Ection shall be: Law Office of Ca	sey Stripling, PA	
ARTICLE II PRII	NCIPAL OFFICE Principal street address	Mailing address, if different is:	14 1
300 W Adam	ns St	二	
Jacksonville	, FL 32202		+
		7 C 7 C 7 C	P 1
ARTICLE III PUR	POSE he corporation is organized is: Any an	nd all lawful business.	:37
THE DURDO	LE OF THE COSPORATION	- is THE Practice a	F
LAW. As	S A Member OF T	HE Florion BAE TH'S	
Corporation	's Pupose is All !	HE Florion BAE TH'S Types of Legal work	·
Pernities	By My Membersh:	P WITH THE FloriDA	BAR.
ARTICLE IV SHA The number of shares of	RES		
The number of shares of	STOCK IS:		
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Title	Clifford B Stripling, President	Name and Title:	
Address	1431 Riverplace, #1503		
11441455	Jacksonville, FL 32207		
			
Name and Title:		Name and Title:	
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·
Name and Title:		Name and Title:	
Address			
Audress		Address:	
			<u> </u>

Address		Address:		· · ·	
					
ARTICLE VI The name and Flo Name: Address:	registered AGENT Orida street address (P.O. Box NOT acceptable) of Clifford B Stripling 1431 Riverplace, #1503 Jacksonville, FL 32207	the registered agent is:	SEERE IARY O	14 JUL 24 PH	
ARTICLE VII	INCORPORATOR		EST PST	?:	
The name and ad	dress of the Incorporator is:		22	37	
Name:	Clifford B Stripling		1>		
Address:	1431 Riverplace, #1503				
Addiess	Jacksonville, FL 32207				
	ned as registered agent to accept service of process om familiar with and accept the appointment as reg			esignai	ted in
VP.4	M	9 (1/5/	14	
X	Required Signature/Registered Agent	\	Date	<u>' </u>	
	ument and affirm that the facts stated herein are i Department of State constitutes a third degree felony		mation sui	bmitted	l in a
x C. G	Required Signature/Incorporator	X_C	o/S Day	14	
(

Name and Title:_

Name and Title:_