P14000066140

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

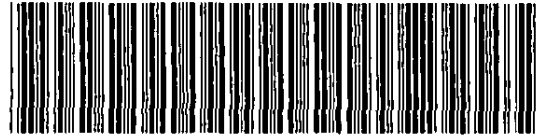☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

08/11/14--01001--005 **87.50

RECEIVED
DEPARTMENT OF STATE
14 AUG -8 PM 4:40

14 AUG -8 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

COVER LETTER

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

SUBJECT: **Anderson & Givens, P.A.**

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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: **Jeremy Anderson**

Name (Printed or typed)

3626 Cagney Drive

Address

Tallahassee, Florida 32309

City, State & Zip

904 349 4023

Daytime Telephone number

jeremyvanderson@yahoo.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: **Anderson & Givens, P.A.**

ARTICLE II   PRINCIPAL OFFICE

Principal **street** address

3626 Cagney Drive

Tallahassee, FL 32309

Mailing address, if different is:

PO Box 12613

Tallahassee, FL 32317

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: **The practice of law**

ARTICLE IV   SHARES
The number of shares of stock is: **1000**

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeremy Anderson, Pres and Tres.

Address   PO Box 12613

Tallahassee, FL 32317

Name and Title: Justin Givens, V.P. and Secertary

Address: PO Box 12613

Tallahassee, FL 32317

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: **Jeremy Anderson**

Address: **3626 Cagney Drive**

Tallahassee, FL 32309

ARTICLE VII   INCORPORATOR

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

Name: **Jeremy Anderson**

Address: **PO Box 12613**

Tallahassee, FL 32317

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
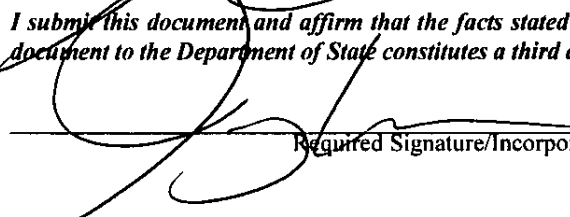
_____ 8/8/14
Required Signature/Registered Agent   Date

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.

_____ 8/8/14
Required Signature/Incorporator   Date