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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 8/14

## COVER LETTER

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

SUBJECT: O'Leary Law, 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: Robert C. O'Leary  
Name (Printed or typed)

16765 FISHAWK BLVD, # 316  
Address

LITHIA, FL 33547  
City, State & Zip

813-571-9471  
Daytime Telephone number

OLEARYATTORNEY @ 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:

O'LEARY LAW, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16765 FISYHAWK BLVD #316  
LITHIA, FL 33547

Mailing address, if different is:

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL

LAWFUL BUSINESS WHICH CAN BE CONDUCTED BY  
A LEGAL PROFESSIONAL ASSOCIATION IN THE STATE OF FLORIDA, INCLUDING WITHOUT  
LIMITATION PROVIDING LEGAL SERVICES, GENERAL BUSINESS COUNSELING,  
MEDIATION, AND ARBITRATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title:

ROBERT O'LEARY, P.D.

Name and Title:

Address

16765 FISYHAWK BLVD  
#316

Address:

LITHIA, FL 33547

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: Robert C. O'Leary

Address: 16765 Fishhawk Boulevard, # 316  
Lithia, FL 33547

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert O'Leary

Address: 16765 Fishhawk Blvd, # 316  
Lithia, FL 33547

*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*

[Signature]

Required Signature/Registered Agent

8/3/14  
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.*

[Signature]

Required Signature/Incorporator

8/3/14  
Date