

1140000 74790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

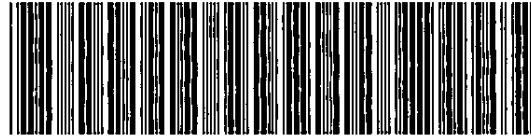
(Document Number)

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SEP 10 2014  
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09/09/14--01012--006 \*\*78.75

## COVER LETTER

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

SUBJECT: William T. Abel 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: William T. Abel  
Name (Printed or typed)

525 Okeechobee Blvd. Ste. 1530  
Address

West Palm Beach, FL 33401  
City, State & Zip

561-659-4020  
Daytime Telephone number

wabel@McLaughlinStern.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: William T. Abel P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

525 Okeechobee Blvd.

Ste. 1530

West Palm Beach, FL 33401

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To practice law in the  
State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: William T. Abel - President Name and Title: \_\_\_\_\_

Address 525 Okeechobee Blvd Address: \_\_\_\_\_

Ste. 1530

West Palm Beach, FL 33401

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: William T. Abel  
Address: 525 Okeechobee Blvd Ste. 1530  
West Palm Beach, FL 33401

**ARTICLE VII INCORPORATOR**

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

Name: William T. Abel  
Address: 525 Okeechobee Blvd Ste 1530  
West Palm Beach, FL 33401

*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*

William T. Abel  
Required Signature/Registered Agent

9.3.14  
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.*

William T. Abel  
Required Signature/Incorporator

9.3.14  
Date