

P14000076431

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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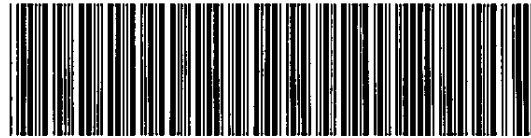
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/16/14

## COVER LETTER

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

SUBJECT: The Law Office Of Jeffrey Attia, PA  
(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: Jeffrey Attia, Esq.  
Name (Printed or typed)  
10260 Heritage Bay Blvd., So. 3515  
Address  
Naples, FL 34120  
City, State & Zip  
239-919-2318  
Daytime Telephone number  
jeff.attia@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: The Law Office of Jeffrey Attia, PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6719 Winkler Road, Suite 121 A

Fort Myers, FL 33919

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: the practice of law.

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jeffrey Attia

Name and Title: President

Address 6719 Winkler Road, Suite 121 A

Address: 6719 Winkler Road, Suite 121 A

Fort Myers, FL 33919

Fort Myers, FL 33919

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: Jeffrey Attia, Esq.  
Address: 6719 Winkler Road, Suite 121 A  
Fort Myers, FL 33919

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffrey Attia  
Address: 6719 Winkler Road, Suite 121 A  
Fort Myers, FL 33919

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TALLAHASSEE, FLORIDA

*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*

\_\_\_\_\_  
*Jeffrey Attia*  
Required Signature/Registered Agent  
9/13/2014  
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.*

\_\_\_\_\_  
*Jeffrey Attia*  
Required Signature/Incorporator  
9/13/2014  
Date