

PA 000051247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 OCT -1 PM 12:13
CLERK OF STATE
TALLAHASSEE FLORIDA

W14-5497A

COVER LETTER

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

SUBJECT: Brady Mediation 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Keith Brady
Name (Printed or typed)

1403 Durling Dr S
Address

S Pasadena, FL 33707
City, State & Zip

407 754 6437
Daytime Telephone number

keith1brady@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: Brady Mediation P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1403 Durling Dr S
S Pasadena, FL 33707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: mediation related services

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith Brady- P,VP,T, S

Name and Title: _____

Address 1403 Durling Dr S
S Pasadena, FL 33707

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 OCT - 1 PM 12:13
SECRETARY STATE
TALLAHASSEE FL 32304

(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:

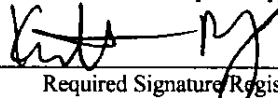
Name: Keith Brady
Address: 1403 Durling Dr S
S Pasadena, FL 33707

ARTICLE VII INCORPORATOR

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

Name: Keith Brady
Address: 1403 Durling Dr S
S Pasadena, FL 33707

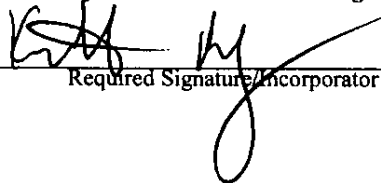
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature Registered Agent

09 29 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.


Required Signature Incorporator

09 29 14

Date

14 OCT -1 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA