

P15000003178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

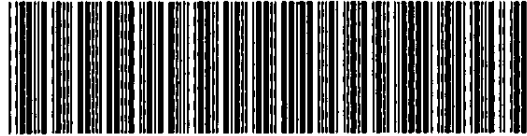
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900267470319

01/09/15--01002--008 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN -9 PM 4:34

APPROVED
AND
FILED

VAH

COVER LETTER

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

SUBJECT: **Cloninger & Files 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: **EVELYN W. CLONINGER**

Name (Printed or typed)

P.O. Box 620337

Address

Oviedo, FL 32762-0337

City, State & Zip

(407)-365-5696

Daytime Telephone number

eclon@cloningerfiles.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Cloninger & Files, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1519 W. Broadway
Oviedo, FL 32765

Mailing address, if different is:

P.O. Box 620337
Oviedo, FL 32762-0337

15 JAN -9 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the practice of law
and any lawful act or activity of a professional service corporation engaged
in such profession.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Evelyn W. Cloninger, D,P,S,T Name and Title: _____

Address P.O. Box 620337 Address: _____
Oviedo, FL 32762-0337

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)
APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 JAN -9 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Evelyn W. Cloninger

Address: 1519 W. Broadway

Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Evelyn W. Cloninger

Address: 1519 W. Broadway

Oviedo, FL 32765

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

January 1, 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.



Required Signature/Incorporator

January 1, 2014

Date