P1500000977

(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:				



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COVER LETTER

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

_{subject:} Law	Office of Peter		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	DPY REQUIRED
FROM: P	eter J. Muchuna	S e (Printed or typed)	
10	008 English Bluff	s Ct	
		Address	**************************************
В	randon, FL 3351	1	
	City,	, State & Zip	
81	13 684-2454		
 -	Daytime 1	Telephone number	
niq	m much@msn.com	٠ .	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corporate	<u>ne.</u> ion shall be: Law Office of Pete	er J. Muchunas,	P.A. 5 5
	NCIPAL OFFICE		%; ? 3 →
	Principal street address	Mailing ac	Idress if different is:
1008 English B	Bluffs Ct	same	antess, it different is:
			95
Brandon, FL 3	33511		PRID 29
			\$>
ARTICLE III PUR	POSE		
	ne corporation is organized is:		
to conduct bus	iness as a professional la	w firm and any ot	her lawful activities
ARTICLE IV SHA	PES 100		
The number of shares of	stock is: 100		
	TAL OFFICERS AND/OR DIRECTOR		
Name and Title	Peter J. Muchunas, Presiden	Name and Title:	
	1008 English Bluffs Ct		
Address		Address:	
	Brandon, FL 33511		
			
Name and Title		Name and Title	
Name and Title.			
Address		Address:	
		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
Name and Title:		Name and Title:	
Address		Address:	
		_	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Peter J. Muchunas 1008 English Bluffs Ct	of the registered agent is:	15 JAN 23 PH
	Brandon, FL 33511	_	4: 29 STATE STATE
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Peter J. Muchunas	_	
Address:	1008 English Bluffs Ct		
	Brandon, FL 33511	_	
	ned as registered agent to accept service of process am familiar with and accept the appointment as re Required Signature/Registered Agent	gistered agent and agree to a	
			Dute
	ument and affirm that the facts stated herein are Department of State constitutes a third degree feloi		
\\ \tag{2}	Required Signature/Incorporator-		1-15-15 Date
,			