

PS929011694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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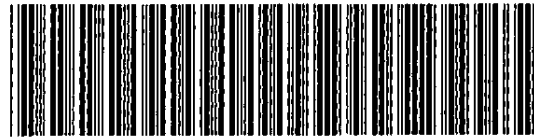
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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SECTION OF STATE
TALLAHASSEE FLORIDA

APPROVED
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COVER LETTER

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

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

FROM: Judson H. ORRICK
Name (Printed or typed)

1304 GOLF TERRACE DR
Address

Tallahassee FL 32301
City, State & Zip

850 - 222 - 2900
Daytime Telephone number

JUDORRICK @ 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:

Judson H. Orrick, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1304 Golf Terrace Dr.
Tallahassee FL
32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful
business related to practice
of law.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Judson H. Orrick, President

Name and Title:

Address

1304 Golf Terrace Dr.

Address:

Tallahassee FL
32301

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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APPROVED

(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: JASON H. ORRICK
Address: 1304 GOLF TERRACE DR.
TALLAHASSEE FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JASON H. ORRICK
Address: 1304 GOLF TERRACE DR.
TALLAHASSEE, FL 32301

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

[Signature]
Required Signature/Registered Agent

2/4/15
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.

[Signature]
Required Signature/Incorporator

2/4/15
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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