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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

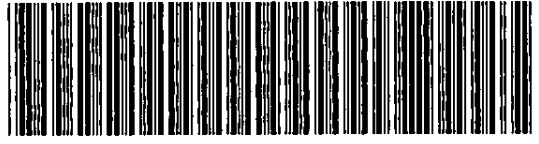
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB -4 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MTD 2/11

COVER LETTER

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

SUBJECT: Law Office of Vanessa C. Hill, 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

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

FROM: Vanessa C. Hill
Name (Printed or typed)

901 Ocean Blvd Unit 67
Address

Jacksonville, Florida 32233
City, State & Zip

(904) 699-8363
Daytime Telephone number

hill.vc@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: Law Office of Vanessa C. Hill, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6817 Southpoint Parkway Ste. 203
Jacksonville, Florida 32216

STATE OF FLORIDA
15 FEB -4 PM 4:18
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-10-2010 BY 60322 UCBAW

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Legal Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vanessa C. Hill, Director Name and Title: _____

Address 901 Ocean Blvd Unit 67 Address: _____
Atlantic Beach, Florida 32233

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: Vanessa C. Hill
 Address: 6817 Southpoint Parkway Ste. 203
Jacksonville, Florida 32216

15 FEB -4 PM 4:18
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vanessa C. Hill
 Address: 901 Ocean Blvd Unit 67
Jacksonville, Florida 32233

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

Vanessa Hill _____ 1/31/2015
 Required Signature/Registered Agent 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.

Vanessa Hill _____ 1/31/2015
 Required Signature/Incorporator Date