

P15000019923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

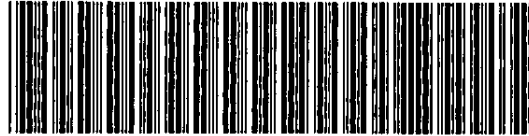
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/02/15--01039--012 **87.50

ALL DOCUMENTS MUST BE
FILED IN THE STATE

15 MAR -2 PM 12:49

MD 3/3

COVER LETTER

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

SUBJECT: The Law Office of Jordan P. Marshall, 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: Jordan P. Marshall
Name (Printed or typed)
96067 Stoney Creek Parkway
Address
Fernandina Beach, FL 32034
City, State & Zip
(904) 206-2161
Daytime Telephone number
jordanpaulmarshall@icloud.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 Law Office of Jordan P. Marshall, P.A.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

Jordan P. Marshall

96067 Stoney Creek Parkway

Fernandina Beach, FL 32034

Mailing address, if different is _____

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS AS A
The purpose for which the corporation is organized is: _____
PROFESSIONAL LAW PRACTICE AND ANY SERVICES NECESSARY OR INCIDENTAL TO
THE PRACTICE OF LAW.

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jordan P. Marshall - P/D

Address 96067 Stoney Creek Parkway

Fernandina Beach, FL 32034

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 MAR -2 PM 12:49
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Jordan P. Marshall

Name: _____

96067 Stoney Creek Parkway

Address: _____

Fernandina Beach, FL 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jordan P. Marshall

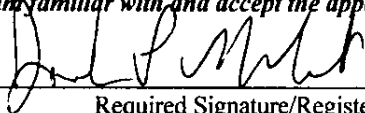
Name: _____

96067 Stoney Creek Parkway

Address: _____

Fernandina Beach, FL 32034

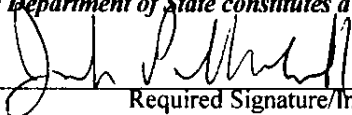
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/24/15
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.



Required Signature/Incorporator

2/24/15
Date