

PI5000023103

(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



000269594370

03/03/15--01041--006 **70.00

FILED
15 MAR -9 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Crawford Law, 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: **Joshua K. Crawford**

Name (Printed or typed)

219 SW Langfield Avenue

Address

Port Saint Lucie, Florida 34984

City, State & Zip

772-263-6913

Daytime Telephone number

jkc06f@my.fsu.edu

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: Crawford Law, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2100 SE Hillmoor Drive, Suite 105

Port Saint Lucie, Florida 34952

Mailing address, if different is:

219 SW Langfield Avenue

Port Saint Lucie, Florida 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide legal services and
engage in the practice of law.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred Thousand (100,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joshua K. Crawford, Director

Address: 219 SW Langfield Avenue
Port Saint Lucie, Florida 34984

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
15 MAR -9 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(cont.)

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: Joshua K. Crawford

Address: 219 SW Langfield Avenue

Port Saint Lucie, Florida 34984

ARTICLE VII INCORPORATOR

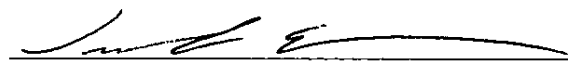
The name and address of the Incorporator is:

Name: Joshua K. Crawford

Address: 219 SW Langfield Avenue

Port Saint Lucie, Florida 34984

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

3-3-2015

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

3-3-2015

Date

FILED
15 MAR -9 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA