

P15000028887

(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



500270506115

03/26/15--01012--006 \*\*87.50

FILED  
15 MAR 26 PM 2:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2 20 15

## COVER LETTER

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

**SUBJECT:** Struna Law Firm, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Daniel Struna  
Name (Printed or typed)  
15701 HWY 50, Suite 204  
Address  
Clermont, FL, 34711  
City, State & Zip  
321-917-8949  
Daytime Telephone number  
dpstruna@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: Struna Law Firm, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15701 HWY 50, Suite 204  
Clermont, FL, 34711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The practice of law and all other activities permitted under applicable law.

**ARTICLE IV SHARES 1000**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Daniel Struna - P Name and Title: \_\_\_\_\_

Address: 15701 HWY 50 Address: \_\_\_\_\_

Suite 204 \_\_\_\_\_

Clermont, FL, 34711 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

15 MAR 26 PM 2:47  
STATE OF FLORIDA  
TALLAHASSEE

(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: Daniel Struna  
Address: 15701 HWY 50, Suite 204  
Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Daniel Struna  
Address: 15701 HWY 50, Suite 204  
Clermont, FL, 34711

*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

March 23, 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

March 23, 2015  
Date

## COVER LETTER

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

SUBJECT: **Struna Law Firm, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **Daniel Struna**

Name (Printed or typed)

**15701 HWY 50, Suite 204**

Address

**Clermont, FL, 34711**

City, State & Zip

**321-917-8949**

Daytime Telephone number

**dpstruna@gmail.com**

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

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