

P15000033626

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 10 AM 11:52

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

**SUBJECT:** Harkenrider & Byrne, 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:** Lawrence E. Harkenrider

Name (Printed or typed)

513-A Whitehead Street

Address

Key West, FL 33040

City, State & Zip

(305) 432-1883

Daytime Telephone number

lharkenrider@yahoo.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Harkenrider & Byrne, P.A.

15 APR 10 AM 11:52

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

513-A Whitehead Street

Key West, FL 33040

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The practice of law in the state and federal courts of Florida, and mediation  
services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lawrence E. Harkenrider, President /Treasurer

Address: 513-A Whitehead Street  
Key West, FL 33040

Name and Title: Jon M. Byrne, Secretary

Address: 513-A Whitehead Street  
Key West, FL 33040

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

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

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

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

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

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

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

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

APPROVAL (cont.)  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 15 APR 10 AM 11:52  
Address \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

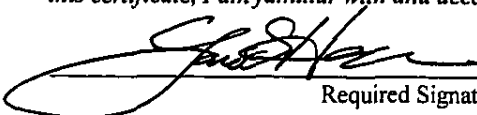
Name: Lawrence E. Harkenrider  
Address: 513-A Whitehead Street  
Key West, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lawrence E. Harkenrider  
Address: 513-A Whitehead Street  
Key West, FL 33040

*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*

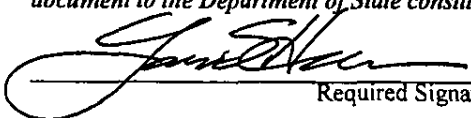


\_\_\_\_\_  
Required Signature/Registered Agent

04/08/2015

\_\_\_\_\_  
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

04/08/2015

\_\_\_\_\_  
Date