

P15000044827

(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



300272754183

05/18/15--01013--013 **70.00

15 MAY 18 PM 12:06
STATE OF NEW YORK
TALLMAN COUNTY

COVER LETTER

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

SUBJECT: JIS 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: John Silverfield

Name (Printed or typed)

3431 Pine Ridge Road, Suite 101

Address

Naples, FL 34109

City, State & Zip

813-842-5128

Daytime Telephone number

john.silverfield@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: JIS LAW P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3431 Pine Ridge Road, Suite 101
Naples, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Silverfield, President

Name and Title:

Address 3431 Pine Ridge Road, Suite 101

Address:

Naples, FL 34109

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

15 MAY 18 PM 12:05
S. J. SILVERFIELD
JIS LAW P.A.
TALLAHASSEE, FLORIDA

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: John Silverfield _____

Address: 3431 Pine Ridge Road, Suite 101 _____

Naples, FL 34109 _____

ARTICLE VII INCORPORATOR

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

Name: John Silverfield _____

Address: 3431 Pine Ridge Road, Suite 101 _____

Naples, FL 34109 _____

15 MAY 18 PM 12:06
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

May 15, 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

May 15, 2015
Date