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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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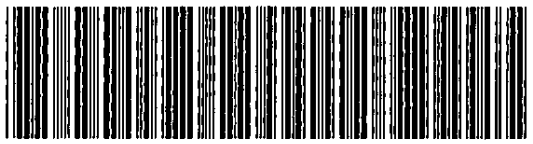

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FILED
15 MAY 20 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/26/15

COVER LETTER

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

SUBJECT: The Law office of C.C. Abbott, 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: CC Abbott
Name (Printed or typed)

5391 Nozza Terrace
Address

North Port, FL 34142
City, State & Zip

813 482 6027
Daytime Telephone number

cc.abbott1@verizon.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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ARTICLE I NAME
The name of the corporation shall be: The Law Office of C.C. Abbott, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

5391 Nozza Terrace, North Port, Florida 34142

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in the practice of law and all other activities permitted under applicable law. In addition, the Corporation may engage in the practice of legal consultation cocnerning both American and Canadian law for both international clients and domestic clients. Furthermore, the Corporation may engage in the practice of mediation under the rules and regulations of the State of Florida and/ or the United States Federal Government, if applicable.

ARTICLE IV SHARES
The number of shares of stock is: 100 as a single class par value at $1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C.C. Abbott President and Director
Address 5391 Nozza Terrace
North Port, Florida 34142

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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: C.C. Abbott

Address: 5391 Nozza Terrace

North Port, Florida 34142

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: C.C. Abbott

Address: 5391 Nozza Terrace

North Port, Florida 34142

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

_____ May 15, 2015

Required Signature/Registered Agent 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.

_____ May 15 2015

Required Signature/Incorporator Date