

P150000539/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

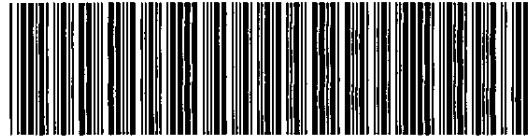
(Document Number)

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WS-39254

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06/02/15--01020--005 **70.00

APPROVAL
AND
FILED

15 JUN 22 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1/1

COVER LETTER

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

SUBJECT: JAMES D. LINNAN, 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: James D. Linnan
Name (Printed or typed)

4258 Sun Village Court
Address

New Smyrna Beach, Florida 32169
City, State & Zip

(518) 424-4944
Daytime Telephone number

jdl1innan@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2015

JAMES D. LINNAN
4258 SUN VILLAGE COURT
NEW SMYRNA BEACH, FL 32169

SUBJECT: JAMES D. LINNAN, P.A.
Ref. Number: W15000039254

We have received your document for JAMES D. LINNAN, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove "ANY AND ALL LAWFUL BUSINESS" from the purpose.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 315A00011782

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JUN 22 PM 4:18

ARTICLE I NAME

The name of the corporation shall be: JAMES D. LINNAN, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4258 Sun Village Court

New Smyrna Beach, Florida 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific nature of this professional

association is to engage in the practice of law as a professional law corporation

and to carry on services incident to the practice of law. This professional

law corporation may enter into contracts and carry on any business necessary or

incidental to the accomplishment or furtherance of the purposes or objects of the

corporation.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James D. Linnan, President Name and Title: _____

Address 4258 Sun Village Court Address: _____

New Smyrna Beach, FL 32169

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

15 JUN 22 PM 4:19

Name and Title: _____ Name and Title: _____
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: James D. Linnan
Address: 4258 Sun Village Court
New Smyrna Beach, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James D. Linnan
Address: 4258 Sun Village Court
New Smyrna Beach, FL 32169

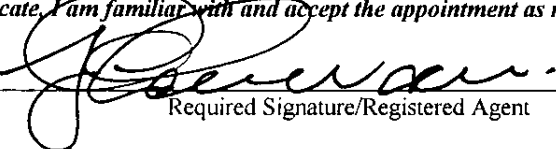
ARTICLE VIII EFFECTIVE DATE:

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.)

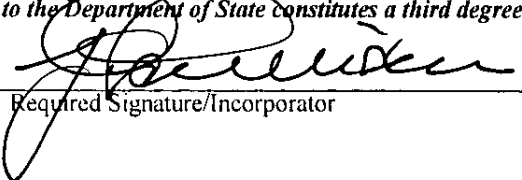
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/21/15
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

5/21/15
Date