## P15000056222

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(Address)				
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(City/State/Zip/Phone #)				
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T. SCOTT



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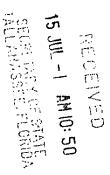


## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2015

CHANCE CRAIG 38555 TAYLOR RD MYAKKA CITY, FL 34251

SUBJECT: CRAIG LAW P.A. Ref. Number: W15000042201



We have received your document for CRAIG LAW P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 115A00012804

## **COVER LETTER**

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

SUBJECT: CRA	AIG LAW P.A.		
Sebulet.	(PRÖPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.0 Filing Fe	<b>4</b> · - · · -	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRE	
TD OM	Chance Craig		
FROM:	Nam	e (Printed or typed)	
	38555 Taylor Rd.		
-		Address	<del> </del>
	Myakka City, FL 34251		
-	City, State & Zip		
	941-914-1937		
-	Daytime Telephone number		
1	thechancecraig@gmail.com		
-	E-mail address: (to be use	ed 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 II PRINC	<u>CIPAL OFFICE</u>		
Principal street address		Mailing addres	s, if different is:
Myakka City, FL 3425	1		<del></del>
	the corporation is organized is:	ssional association providing legal serv	
		· · · · · · · · · · · · · · · · · · ·	
			<b>が</b>
			15 JUL
ARTICLE IV SHAR The number of shares o  ARTICLE V INITI	RES f stock is: 1,000 AL OFFICERS AND/OR DIRECTOR		15 JUL -
ARTICLE IV SHAR The number of shares o  ARTICLE V INITI	RES f stock is: 1,000 AL OFFICERS AND/OR DIRECTOR	<u>85</u>	1
ARTICLE IV SHAR The number of shares o  ARTICLE V INITI	f stock is:  1,000  f stock is:  AL OFFICERS AND/OR DIRECTOR  Chance Craig, President  38555 Taylor Rd	<u>85</u>	
ARTICLE IV SHAP The number of shares o  ARTICLE V INITI  Name and Tit	f stock is:  1,000  f stock is:  AL OFFICERS AND/OR DIRECTOR  Chance Craig, President  38555 Taylor Rd	RS Name and Title:	1
ARTICLE IV SHAP The number of shares o  ARTICLE V INITI  Name and Tit	AL OFFICERS AND/OR DIRECTOR  Be:  38555 Taylor Rd.	RS Name and Title:	
ARTICLE IV SHAR The number of shares o  ARTICLE V INITI  Name and Tit  Address	f stock is:  1,000  AL OFFICERS AND/OR DIRECTOR  10:  Chance Craig, President  38555 Taylor Rd.  Myakka City, FL 34251	RS Name and Title:	- IM 10 19
ARTICLE IV SHAR The number of shares o  ARTICLE V INITI  Name and Tit  Address	f stock is:  1,000  AL OFFICERS AND/OR DIRECTOR  10:  Chance Craig, President  38555 Taylor Rd.  Myakka City, FL 34251	Name and Title:	- IM 10 19
ARTICLE IV SHAP The number of shares o  ARTICLE V INITI  Name and Tit  Address  Name and Titl	RES 1,000 f stock is:  AL OFFICERS AND/OR DIRECTOR  Chance Craig, President  38555 Taylor Rd.  Myakka City, FL 34251	Name and Title:  Address:  Name and Title:  Address:	
ARTICLE IV SHAP The number of shares o  ARTICLE V INITI  Name and Tit  Address  Name and Titl  Address	AL OFFICERS AND/OR DIRECTOR  Chance Craig, President  38555 Taylor Rd.  Myakka City, FL 34251	Name and Title:  Address:  Name and Title:  Address:	
ARTICLE IV SHAP The number of shares o  ARTICLE V INITI  Name and Tit  Address  Name and Titl  Address	AL OFFICERS AND/OR DIRECTOR  Chance Craig, President  38555 Taylor Rd.  Myakka City, FL 34251	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:	

Name an	nd Title:	Name and Title:
Address	s	Address:
ADTICLETY	DECLOTEDED ACENT	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	Chance Craig	
<del></del>	38555 Taylor Rd.	<del></del>
71447830	Myakka City, FL 34251	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	Chance Craig	
Address:	38555 Taylor Rd.	
	Myakka City, FL 34251	· · · · · · · · · · · · · · · · · · ·
ABTICLE VIII	EFFECTIVE DATE.	
	if other than the date of filing:	(OPTIONAL)
(If an effective days after the	date is listed, the date must be specific and	cannot be more than five business days prior or 90 business
·		
	te inserted in this block does not meet the apperagnetive date on the Department of State's re	licable statutory filing requirements, this date will not be listed a cords.
	·	
this certificate.	I am familiar with and accept the Appointmen	process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity
		June 9, 2015
	Required Signature/Registered Age	<u> </u>
I submit this de	ocument and affirm that the facts stated bere	ein are true. I am aware that the false information submitted in
	e Department of State coffistitutes for third degre	
		June 9, 2015
Req	uired Signature/Incorporator	Date