

P15000070389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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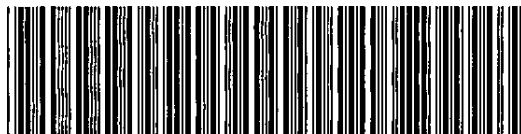
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 20 PM 1:50

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COVER LETTER

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

SUBJECT: Dennison 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Alexander Scott Dennison
Name (Printed or typed)

2504 Tamiami Trail North, Suite 25
Address

Nokomis, Florida 34275
City, State & Zip

941-706-4472
Daytime Telephone number

pleadings@dennisonlawpa.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: Dennison Law, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2504 Tamiami Trail North, Suite 25
Nokomis, Florida 34275

PO Box 452
Osprey, Florida 34229

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate a law practice.

15 AUG 20 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 40

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexander Scott Dennison, President

Name and Title: _____

Address

2504 Tamiami Trail North, Suite 25
Nokomis, Florida 34275

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

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: Alexander Scott Dennison

Address: 2504 Tamiami Trail North, Suite 25
Nokomis, Florida 34275

ARTICLE VII INCORPORATOR

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

Name: Alexander Scott Dennison

Address: 2504 Tamiami Trail North, Suite 25
Nokomis, Florida 34275

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.)

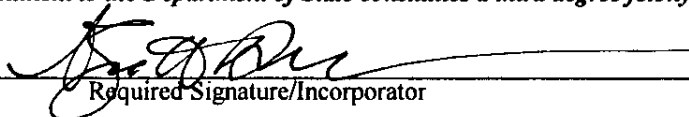
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Aug. 14, 2005
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

Aug. 14, 2005
Date