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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

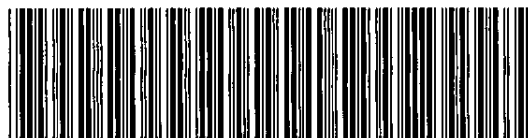
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COVER LETTER

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

SUBJECT: J. Edward Hemdon 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 Edward Hemdon
Name (Printed or typed)
5220 Greystoke Lane
Address
Tallahassee, Florida 32309
City, State & Zip
850-508-0511
Daytime Telephone number
chfsu70@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: J. Edward Herndon, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5220 Greystoke Lane

Tallahassee, Florida 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide legal and mediation services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Edward Herndon, President

Name and Title: Carol P Herndon, Secretary

Address 5220 Greystoke Lane

Address: 5220 Greystoke Lane

Tallahassee, FL. 32309

Tallahassee, FL. 32309

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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15 SEP 18 PM 2:58

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 Edward Herndon

Address: 5220 Greystoke Lane

Tallahassee, FL. 32309

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ARTICLE VII INCORPORATOR

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

Name: John Edward Herndon

Address: 5220 Greystoke Lane

Tallahassee, FL. 32309

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

Sept. 18, 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

Sept 18, 2015
Date