

P/500086/52

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 13 PM 12:10

10/20/15

## COVER LETTER

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

**SUBJECT:** Timeshare Lawyers, Inc.

(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:** William W. Howell, Jr.

Name (Printed or typed)

8615 Commodity Circle, Suite 1

Address

Orlando, FL 32819

City, State & Zip

321-695-3740

Daytime Telephone number

billhowell7@msn.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: Timeshare Lawyers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8615 Commodity Circle, Suite 1

Orlando, FL 32819

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To assist property owners in negotiations with Homeowners Associations.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Padraic Deighan, President

Address: 2700 Las Vegas Blvd. S.

Unit 3108

Las Vegas, NV 89109

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Patrick Thompson, Vice President

Address: 112 Orange Avenue, Suite 202

Daytona Beach, FL 32114

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Williams W. Howell, Jr., Secretary/

Address: Treasurer

173 Calliope Street

Ocoee, FL 34761

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: William W. Howell, Jr.  
Address: 173 Calliope Street  
Ocoee, FL 34761

**ARTICLE VII INCORPORATOR**

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

Name: William W. Howell, Jr.  
Address: 173 Calliope Street  
Ocoee, FL 34761

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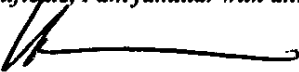
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ 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

10/7/2015

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

10/7/2015

Date