

P15000088722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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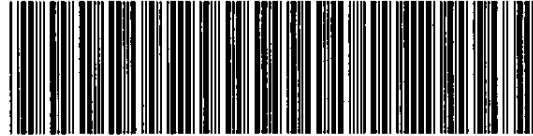
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 26 PM 2:59

OCT 29 2015

T CANNON

COVER LETTER

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

SUBJECT: Giblin 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
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: Allison Giblin

Name (Printed or typed)

150 East Palmetto Park Road Suite 800

Address

Boca Raton FL 33432

City, State & Zip

407-489-0955

Daytime Telephone number

allisonwgib@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. (Pro

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Giblin Law P.A.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

150 East Palmetto Park Road Suite 800

Boca Raton, Florida 33432

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allison Giblin, Officer

Name and Title:

Address 150 East Palmetto Park Rd. Suite 800

Address:

Boca Raton FL 33432

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: Allison Giblin

Address: 150 East Palmetto Park Rd. Suite 800

Boca Raton FL 33432

ARTICLE VII INCORPORATOR

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

Name: Allison Giblin

Address: 150 East Palmetto Park Road Suite 800

Boca Raton FL 33432

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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

Allison Giblin
Required Signature/Registered Agent

10-23-15
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.

Allison Giblin
Required Signature/Incorporator

10-23-15
Date