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Florida Department of State
Division of Corporations
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From: Account Name : DOWNING LAW OFFICES PA
Account Number : I20120000019
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
Bennett Legal Group, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

MD 11/23

COVER LETTER

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

SUBJECT: BENNETT LEGAL GROUP, 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: Harold L. Downing
Name (Printed or typed)
501 South New York Avenue, Suite 220
Address
Winter Park, Florida 32789
City, State & Zip
407 960 5927
Daytime Telephone number
hdowning@haldowninglaw.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: BENNETT LEGAL GROUP, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

214 Lucerne Drive

Orlando, Florida 32801

15 NOV 20 11 19 AM

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to practice law in the state of Florida, pursuant to Chapter 454 of the Florida Statutes and applicable laws, through its officers, employees and agents, who are duly licensed and legally authorized to render such professional services within this state.

ARTICLE IV SHARES

The number of shares of stock is: --1,000--

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>BRIAN W. BENNETT, D/P</u>	Name and Title:	_____
Address	<u>214 East Lucerne Circle</u>	Address:	_____
	<u>Orlando, Florida 32801</u>		_____

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: Harold L. Downing

Address: 501 South New York Avenue, Suite 220
Winter Park, Florida 32801

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harold L. Downing

Address: 501 South New York Avenue, Suite 220
Winter Park, Florida 32789

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

Harold L. Downing
 Required Signature/Registered Agent

Nov 20 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.

Harold L. Downing
 Required Signature/Incorporator

Nov 20 2015
 Date