

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000285149 3)))



H150002851493ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	•			1,,,,	
	To:				
		Division of Corporations			
		Fax Number : (850)617-6381	Aren .	அ.	
			$\pm rm$	$\Xi$	
	From:		£'	) (1)	-
		Account Name : EXPRESS CORPORATE FILING SERVICE	INC:	1	-
		Account Number : I20000000146		2	ļ
		Phone : (305)444-4994	THE CO		ĺ
		Fax Number : (305)444-4977	ولي الناتر	7	ĺ
				جې	
			告書		
**En1		email address for this business entity to be used f		r <b>e</b>	
	annual	report mailings. Enter only one email address pleas	ie.#*		

## FLORIDA PROFIT/NON PROFIT CORPORATION COURT REPORTERS OF TAMPA BAY, INC.

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

RECEIVED

Electronic Filing Menu

Email Address:

Corporate Filing Menu

Help (12/3/15

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 DEC -2 AM 9: 14

ARTICLE I NAME The name of the corporat	ion shall be: Court Reporters of Tampa Bay	, Inc.	SEGRETARY OF STATE FALLARIES SEE, FLORIDA
ARTICLE II PRINC			
4822 Basswood Street	Principal street address	Mailing address,	If different is:
Land O Lakes, FL 3463	39		
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is: Any and All	Legal Activities	
ARTICLE IV SHARE The number of shares of s	S 100 stock is:		
		<del></del>	
	L OFFICERS AND/OR DIRECTORS		
Name and Title	Philip Ryan, President	Name and Title:	
Address	4822 Basswood Street	Address:	
	Land O Lakes, FL 34639		
Name and Title:		Name and Title:	
Address		_ Address:	
N 1.001.1		N. Landy	
Address		Address:	
		-	

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT			
The <u>name and E</u> Name:	lorida street address (P.O. Box NOT accepts Philip Ryan	ble) of the registered agent is:		
Address:	4822 Basswood Street			
	Land O Lakes, FL 34639		E.G. S	
ARTICLE VII	INCORPORATOR		- 330 - 330 - 1	
The <u>name and ac</u>	ddress of the Incorporator is:			
Name:	Philip Ryan		A B D	
Address:	4822 Basswood Street			
	Land O Lakes, FL 34639	Marie Marie and	A 4	
Effective date, if If an effective d lays after the fil Note: If the date	other than the date of filing:  ate is listed, the date must be specific and ding.)  inserted in this block does not meet the appliance of the date on the Department of State's recommendation.	cannot be more than five but cable statutory filing requires	siness days prior or 90 business	
Having been nan his certificate, I d	ned as registered agent to accept service of part familiar with and accept the appointment	as registered agent and agree	to act in this capacity	
	Philip Ryan Required Signature/Registered Agen	<u> </u>	12/02/2015	
submit this doc locument to the 1	ument and affirm that the facts stated herel Department of State constitutes a third degree	n ate true. I am aware that t	the false information submitted in a 17.155, F.S.	
	Philip Ryan		12/02/2015	
Requir	red Signature/Incorporator	<u> </u>	Date	