

P/6000002070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

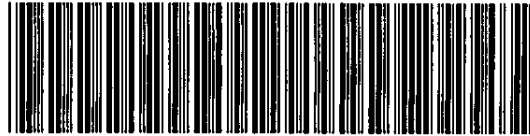
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 DEC 30 PM 1:53

EFFECTIVE DATE 01/01/16

01/11/16

## COVER LETTER

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

**SUBJECT:** BARBARA A. SLOAN, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** BARBARA A. SLOAN  
Name (Printed or typed)

150 E. PALMETTO PARK ROAD, SUITE 500  
Address

BOCA RATON, FL 33432  
City, State & Zip

561-391-1900  
Daytime Telephone number

BAS@DMRSLAW.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: BARBARA A. SLOAN, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

150 E. PALMETTO PARK ROAD, SUITE 500

BOCA RATON, FL 33432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDE LEGAL SERVICES

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: BARBARA A. SLOAN, President,

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

Address Secretary, Treasurer and Director

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

150 E. Palmetto Park Road, Suite 500

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: BARBARA A. SLOAN  
Address: 150 E. PALMETTO PARK ROAD, SUITE 500  
BOCA RATON, FL 33432

**ARTICLE VII INCORPORATOR**

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

Name: BARBARA A. SLOAN  
Address: 150 E. PALMETTO PARK ROAD, SUITE 500  
BOCA RATON, FL 33432

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JANUARY 1, 2016. (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

12/29/2015  
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

12/29/15  
Date

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