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16 JAN 26 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. FEB 4 2016

COVER LETTER

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

SUBJECT: PATRICK KNIGHT WIGGINS, 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: PATRICK K. WIGGINS
Name (Printed or typed)
513 N. MERIDIAN STREET
Address
TALLAHASSEE, FL 32301
City, State & Zip
850-228-2850
Daytime Telephone number
WIGGLAW@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. (Profit)

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ARTICLE I NAME PATRICK KNIGHT WIGGINS, P.A.
The name of the corporation shall be: _____

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ARTICLE II PRINCIPAL OFFICE
Principal street address

MAILING ADDRESS
Mailing address, if different from principal office address
TALLAHASSEE FLORIDA

513 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

the practice of law and the provision of alternative dispute resolution services for hire.

ARTICLE IV SHARES 100.00

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Patrick K. Wiggins	Name and Title:	President
Address	513 N. Meridian Street	Address:	
	Tallahassee, FL 32301		

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: Patrick K. Wiggins _____

Address: 513 N. Meridian Street _____

Tallahassee, FL 32301 _____

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Patrick K. Wiggins _____

Address: 513 N. Meridian Street _____

Tallahassee, FL 32301 _____

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

Patrick K. Wiggins
Required Signature/Registered Agent

1/20/2016
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.

Patrick K. Wiggins
Required Signature/Incorporator

1/20/2016
Date