

P160000013023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

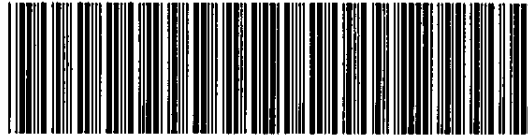
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## COVER LETTER

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

**SUBJECT:** Timothy H. Snyder, Attorney at 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:** Timothy H. Snyder

\_\_\_\_\_  
Name (Printed or typed)

2923 Princeton Avenue

\_\_\_\_\_  
Address

Jacksonville, FL 32210

\_\_\_\_\_  
City, State & Zip

(919) 928-2224

\_\_\_\_\_  
Daytime Telephone number

timothyhsnyder@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)

**ARTICLE I NAME**

The name of the corporation shall be: Timothy H. Snyder, Attorney at Law, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
2923 Princeton Avenue, Jacksonville FL 32210

Mailing address, if different is:  
4495 Roosevelt Blvd Ste 304 # 102  
Jacksonville, FL 32210-3381

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation's purpose is to provide affordable legal representation for low income and middle class Floridians victimized by wrongful foreclosure, consumer fraud, and predatory lending and/or any other lawful activity for which such a professional association may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Timothy Snyder, President

Address: 2923 Princeton Avenue, Jacksonville, FL  
32210

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: Timothy Snyder

Address: 2923 Princeton Avenue, Jacksonville, FL 32210

**ARTICLE VII INCORPORATOR**

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

Name: Timothy Snyder

Address: 2923 Princeton Avenue, Jacksonville, FL  
32210

**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.)

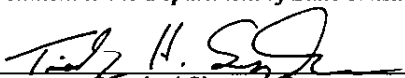
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/25/2016  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

01/25/2016  
\_\_\_\_\_  
Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA