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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

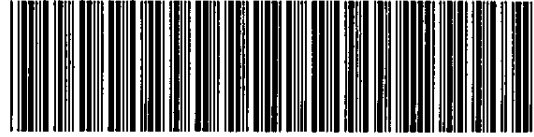
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02-09-16
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COVER LETTER

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

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Snyder, President Name and Title: _____

Address 2923 Princeton Avenue, Jacksonville, FL Address: _____
32210 _____

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: 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

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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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

Timothy H. Snyder 01/25/2016
 Required Signature/Registered Agent 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.

Timothy H. Snyder 01/25/2016
 Required Signature/Incorporator Date