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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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COVER LETTER

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

SUBJECT: Dai	niel M	farshall Law, P.A.		
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.0 Filing Fe		\$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	Dan	iel Marshall Name	e (Printed or typed)	
	515	North Flagler Drive, Suite P-300		
			Address	
	Wes	t Palm Beach, FL 33401		
		•	State & Zip	
	(561) 319-1527 Davtime T	elephone number	
	dan@	danielmarshall-law.com	etophone number	
		F-mail address: (to be use	for future annual report	otification)

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)

The name of the corpora	tion shall be:		
ARTICLE II PRINC	Principal street address	Mailing add	dress, if different is:
Suite P-300			
West Palm Beach, FL 3	33401		
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:		
	ntation to clients in the courts of Florida.		
			30,
			S 5
			- I I I I I I I I I I I I I I I I I I I
			S J
Name and Title	L OFFICERS AND/OR DIRECTORS Daniel Marshall, President 515 North Flagler Drive	Name and Title:	
Address	Suite P-300	Address:	
	West Palm Beach, FL 33401		·
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	
			.,

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Daniel Marshall		
Address:	515 North Flagler Drive, Suite P-300	_	5
	West Palm Beach, FL 33401		The state of the s
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		5 5 5 T
Name:	Daniel Marshall	_	5,7 3
Address:	515 North Flagler Drive, Suite P-300		
	West Palm Beach, FL 33401		
ARTICLE VIII	EFFECTIVE DATE:		
	late is listed, the date must be specific and can	. (OPTIONAL not be more than five busine	.) ess days prior or 90 business
	e inserted in this block does not meet the applicabeffective date on the Department of State's record		ts, this date will not be listed as
Having been nai this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as i	ess for the above stated corpo registered agent and agree to	ration at the place designated in act in this capacity
	Required Signature/Registered Agent		2/3/16
	Required Signature/Registered Agent	-	Date
I submit this doc document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the j ony as provided for in s.817.1	false information submitted in a 55, F.S.
	Oly and ired Signature/Incorporator		2/3/16
Regui	ired Signature/Incorporator		2/3/16 Date

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