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16 FEB 10 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 22 2016

K. WHITE

## COVER LETTER

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

**SUBJECT:** Lawrence Darby PA

(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:** Lawrence Darby  
Name (Printed or typed)  
12710 Trinity Springs Lane  
Address  
Riverview, FL 33569  
City, State & Zip  
813-965-2459  
Daytime Telephone number  
lwdarby23@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 FEB 10 PM 3:47

**ARTICLE I NAME**

The name of the corporation shall be: Lawrence Darby PA

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12710 Trinity Springs Ln  
Riverview, FL 33569

Mailing address, if different is:  
12710 Trinity Springs Ln  
Riverview, FL 33569

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To sell residential and commercial real estate

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Lawrence W Darby, President

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

Address 12710 Trinity Springs Ln

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

Riverview, FL 33569

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: Lawrence W Darby

Address: 12710 Trinity Springs Ln

Riverveiw, FL 33569

**ARTICLE VII INCORPORATOR**

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

Name: Lawrence W Darby

Address: 12710 Trinity Springs Ln

Riverveiw, FL 33569


**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.)**

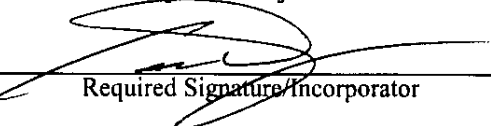
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

***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

02/08/2016  
\_\_\_\_\_  
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

02/08/2016  
\_\_\_\_\_  
Date