

PL000016154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

02/10/16--01018--008 **70.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 22 2016

R. Venable

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16 FEB 10 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 & Certificate of
 Status 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. (Profs.)

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: _____

Riverveiw, 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

Riverview, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lawrence W Darby

Address: 12710 Trinity Springs Ln

Riverview, 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

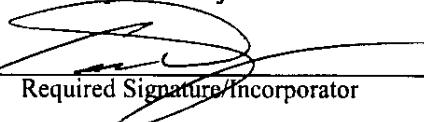


Required Signature/Registered Agent

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