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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

16 APR -7 PM 3:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Lisa O. Taylor, P.A.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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: Lisa O. Taylor, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street and mailing~~ address

1851 Mallory St
Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the practice of law and such other lawful act or activity for which corporations may be organized under Florida Professional Service Corporation and Limited Liability Company Act and the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares, all of which shall be one class, shall be designated common stock and shall have a par value of \$0.01 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Ormand Taylor, Director, President and Secretary

Address 1851 Mallory St.
Jacksonville, FL 32205

ARTICLE VI REGISTERED AGENT

The ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporate Creations Network Inc.

Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

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

Name: Lisa Ormand Taylor

Address: 1851 Mallory St.
Jacksonville, FL 32205

16 APR -7 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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


Kristine Roy, Special Secretary
Required Signature/Registered Agent

April 7, 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 § 817.155, F.S.


Required Signature/Incorporator

April 7, 2016

Date

FILED
16 APR - 7 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA