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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan APR 14 2016

COVER LETTER

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

SUBJECT: MOSS LAW FIRM, 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: RICHARD CAMP, CPA

Name (Printed or typed)

6817 SOUTHPOINT PARKWAY SUITE 2201

Address

JACKSONVILLE, FL 32216

City, State & Zip

904-281-9924

Daytime Telephone number

RICHARDCTAX@COMCAST.NET

E-mail address: (to be used for future annual report notification)

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

FROM :

FAX NO. :

Apr. 05 2016 10:34AM P2

ARTICLES OF INCORPORATION

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

16 APR 11 PM 2:11

ARTICLE I NAME

The name of the corporation shall be: MOSS LAW FIRM, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

337 E. BAY STREET

JACKSONVILLE, FL 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LEGAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GENE T. MOSS PRESIDENT

Name and Title: _____

Address

337 E. BAY STREET

Address: _____

JACKSONVILLE, FL 32202

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FROM :

FAX NO. :

Apr. 05 2016 10:34AM P3

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: RICHARD CAMP

Address: 6817 SOUTHPOINT PARKWAY SUITE 2201

JACKSONVILLE, FL 32216

16 APR 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GENE T. MOSS

Address: 337 E. BAY STREET

JACKSONVILLE, FL 32202

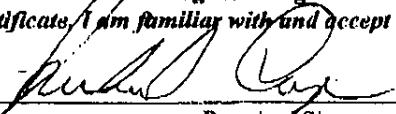
ARTICLE VIII EFFECTIVE DATE:

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

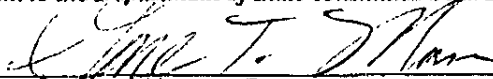


Required Signature/Registered Agent

04/05/2016

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

04/05/2016

Date