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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

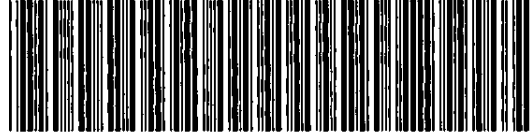
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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45 APR 20 04 56:25
SECRETARY OF STATE
TALLAHASSEE, FL 32304
426/16

COVER LETTER

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

SUBJECT: The Law Office of Donald Metcalf, 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 ☐ \$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: Donald Metcalf

Name (Printed or typed)

1301 Riverplace Blvd. Suite 800

Address

Jacksonville, FL 32207

City, State & Zip

904-432-1205

Daytime Telephone number

dmjaxlaw@yahoo.com

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

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)

ARTICLE I NAME

The name of the corporation shall be: The Law Office of Donald Metcalf, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1301 Riverplace Blvd., Suite 800

Jacksonville, Fl 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of law.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Metcalf, President

Name and Title: _____

Address 1301 Riverplace Blvd., Suite 800

Address: _____

Jacksonville, Fl 32202

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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16 APR 20 PM 6:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Zachary Von Roenn

Address: 1054 Kings Ave.

Jacksonville, FL 32207

ARTICLE VII INCORPORATOR

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

Name: Donald Metcalf

Address: 1301 Riverplace Blvd. Suite 800

Jacksonville, FL 32207

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

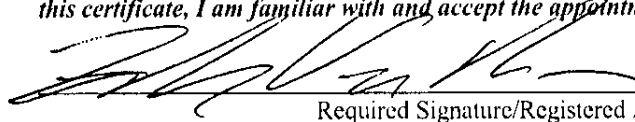
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 13, 2016. (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.

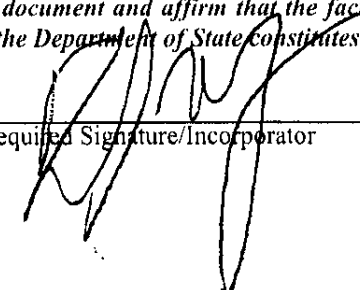
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4-13-16
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

4-13-16
Date