

P160000038067

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(Address)

(City/State/Zip/Phone #)

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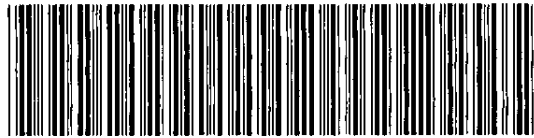
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

16 MAY -2 AM 11:54

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TO ACKNOWLEDGE
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APPROVED
AND
FILED

16 MAY -2 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 02 2016

T SCHROEDER

COVER LETTER

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

SUBJECT: THE MACNAMARA 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: MICHAEL MACNAMARA
Name (Printed or typed)

241 JOHN KNOX ROAD, SUITE 300
Address

TALLAHASSEE FL 32303
City, State & Zip

352-224-8485
Daytime Telephone number

MACNAMARA.LAW@GMAIL.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 MACNAMARA LAW FIRM, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

241 JOHN KNOX ROAD, SUITE 300
TALLAHASSEE, FL 32303

P.O. Box 883
TALLAHASSEE, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CRIMINAL AND CIVIL LEGAL
REPRESENTATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL MACNAMARA, PRESIDENT Name and Title: _____

Address 241 JOHN KNOX RD, SUITE 300 Address: _____
TALLAHASSEE, FL 32303

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 MAY -2 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: MICHAEL MACNAMARA
Address: 241 JOHN KNOX RD., SUITE 300
TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

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

Name: MICHAEL MACNAMARA
Address: 241 JOHN KNOX RD., SUITE 300
TALLAHASSEE, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 1, 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
5.2.16
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
5.2.16
Date