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2016 SEP -1 AM 10:02 2016  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Mockler Dorsett, 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:** C. Powers Dorsett III  
Name (Printed or typed)

4304 W Watrous Ave.  
Address

Tampa, FL 33629  
City, State & Zip

813 340 1154  
Daytime Telephone number

powers.dorsett@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: Mockler Dorsett, P.A.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4304 W. Watrous Ave.

Tampa, FL 33629

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The practice of law, and related mediation services, as well as other related services to the maximum extent permitted by Florida law.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C. Powers Dorsett, III Director

Name and Title: Richard J. Mockler, Director

Address 4304 W Watrous Ave.

Address: 4204 Elba Place

Tampa, FL 33629

Valrico, FL 33596

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2016 SEP - 1 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: C. Powers Dorsett, III  
Address: 4304 W. Watrous Ave.  
Tampa, FL 33629

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: C. Powers Dorsett, III  
Address: 4304 W Watrous Ave.  
Tampa, FL 33629

**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*

C. Powers Dorsett, III  
Required Signature/Registered Agent

8-29-2016  
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.*

C. Powers Dorsett, III  
Required Signature/Incorporator

8-29-2016  
Date