## P1600075838

•				
(	Requestor's Name)			
(Address)				
(	Address)	<u> </u>		
(	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)			
	Document Number)	<del> </del>		
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
į				

Office Use Only



300289100393

08/17/16--01013--013 \*\*87.50

16 SEP -8 PH 3: 52



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2016

ANTHONY G. PAPA 4741 ATLANTIC BLVD., STE A2 JACKSONVILLE, FL 32207

SUBJECT: PARRIS & PAPA, P.A. Ref. Number: W16000059205

We have received your document for PARRIS & PAPA, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II

00

Letter Number: 116A00018173

16 SEP -8 PH 3: 53

## **COVER LETTER**

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

SUBJECT:	ARRIS #	PAPA, P.  ATE NAME - MUST INCLI			
Enclosed are an original \$70.00 Filing Fee	ginal and one (1) copy of the ar \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	Jacksonville City, (904) 708-	Hic Blvd. Su Address PL 32207 State & Zip	ite AZ	16 SEP -8 PM 3: 53	SECRETARY OF STATE
		elephone number  Cloud: Com			

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

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

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

ARTICLE I NAME The name of the corpora	tion shall be: Parris & F	apa P.A.	
ARTICLE II PRINC	CIPAL OFFICE Principal <u>street</u> address	, Mailí	ng address, if different is:
	antic Blud, Site AZ		
Jackson	ille FL 32207		
ARTICLE III PURPO The purpose for which	DSE the corporation is organized is:	engage in	any lawful
activity for	which a corporation	nyy be eng	
the laws =	of the State of Flow	ida .	
Specifica	Oly, to practice 1 an	and provide	logal services.
ARTICLE IV SHAR The number of shares of			
APTICLE V INITL	AL OFFICERS ANNOR DIRECTORS		SECH 16 S
Name and Titl	e Lames L. Paris,	President Name and Title:	The state of the s
Address	4741 Atlantic Blud,		2
	Site AZ		<u></u>
	Jacksmille FZ 32	207 _	び (元所) 
Name and Title	: Anthony G. Papa Vi	6. President Name and Title:	
Address	4741 Atlantic Blu	Address:	
	Svite AZ		
	Jacksonville E 322		
Name and Title	·	Name and Title:	
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) o	f the registered agent is:
Name: James R. Pallis	- E S
Address: 4741 Atlantic Blud, Suit	2 A 2
lacksonille Fz 32207	
	- အ ႏ ဂလ္က မွ  ္လင္
ARTICLE VII INCORPORATOR	PATE 53
The name and address of the Incorporator is:	***
Name: Anthony G. Papa	
HALL IN DILL C	- Ct. 47-
·	
Jacksonville FZ 3220	2/
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot days after the filing.)	7016 (OPTIONAL) It be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	gistered agent and agree to act in this capacity
	8 12/16
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
/h —	8/12/16
Required Signature Incorporator	Date