

PI6000092359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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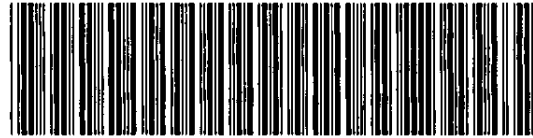
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NOV 21 2016



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## COVER LETTER

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

**SUBJECT:** Valrico Law Group, 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:** Peter M. Farren  
Name (Printed or typed)  
  
3626 Erindale Drive  
Address  
  
Valrico, FL 33596  
City, State & Zip  
  
813 661-5180  
Daytime Telephone number  
  
peter.farren@galloffarrenlaw.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: Valrico Law Group, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3626 Erindale Drive

Valrico, FL 33596

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide legal services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Peter M. Farren, Esq., President

Name and Title: Thomas J. Gallo, Esq., Vice President

Address 3626 Erindale Drive

Address: 3626 Erindale Drive

Valrico, FL 33596

Valrico, FL 33596

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Peter M. Farren

Address: 3626 Erindale Drive

Valrico, FL 33596

**ARTICLE VII INCORPORATOR**

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

Name: Peter M. Farren

Address: 3626 Erindale Drive

Valrico, FL 33596

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CLERK OF COURT  
JANET L. HARRIS

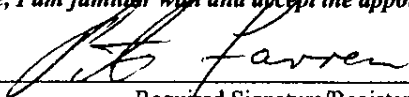
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11-5-16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

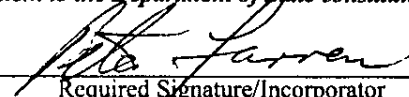
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11-5-16  
\_\_\_\_\_  
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

11-5-16  
\_\_\_\_\_  
Date