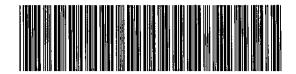
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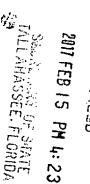
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COVER LETTER

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

SUBJECT:	Best Trial A	Horneys, F	?, A.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	David R. L.		
	102 Americ	Ca Street Address	
	Orlando , F.	L 32801_ State & Zip	
	407 - 257 - Daytime T	1869 Telephone number	
	6 606Ca+6 23 E-mail address: (to be used	@gmail.Com d for future annual report r	notification)

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



February 2, 2017

DAVID R. BEST 102 AMERICA STREET ORLANDO, FL 32801

SUBJECT: BEST TRIAL ATTORNEYS, P.A.

Ref. Number: W17000009588

We have received your document for BEST TRIAL ATTORNEYS, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 517A00002113

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

ARTICLE I NAME The name of the corporati	on shall be: <u>BeSt</u>	Trial	Attorney	5, P	A.	
ARTICLE II PRINCI 102 Ameri Orlando, F	Principal street address	_	<u> </u>	ox :	if different is 3306	
ARTICLE III PURPO The purpose for which th	<u>SE</u> e corporation is organized is:	The	Practice	of	law.	
	stock is: <u>200</u> Lofficers AND/OR DIRECT David R. Best,		Name and Title:			
Address	10a America orlando, FL 3	Street			W.	
	01100, 12				AHASSI	7778
Name and Title:	y, · · ·		Name and Title:		<u> </u>	
Address			Address:		ORA T	 22
Name and Title:						
Address						

Name and Title:	Name and Title:	FILES
Address	Address:	2017 FEB 15 PM 4: 23
		TALLAHASSEE, FLORIDA
TICLE VI REGISTERED AGENT	N. Calana di anna di a	
me: David R. Best) of the registered agent is	•
dress: 102 America Street	<u>-</u>	
Orlando, FL 32801	- Commented and the Commented	
TICLE VII INCORPORATOR		
name and address of the Incorporator is:		
Name: David R. Best		
Address: 102 America Street	<u>:+</u>	
Orlando, FL 3280	<u>) </u>	
TICLE VIII EFFECTIVE DATE: ective date, if other than the date of filing:	(OPTIO	NAI \
on effective date is listed, the date must be specific and can		
ete: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's record twing been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as	s. ess for the above stated c	corporation at the place design
		1-30-
Bequired Signature/Registered Agent		Date
bmit this document and affirm that the facts stated herein a ument to the Department of State constitutes a third degree fel		
Required Sugnature/Incorporator		