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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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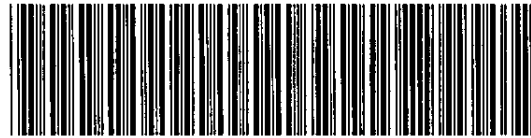
(Business Entity Name)

(Document Number)

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17 MAR - 1 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/02/17

## COVER LETTER

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

**SUBJECT:** Heather Bryan Law, 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:** Heather Bryan  
\_\_\_\_\_  
Name (Printed or typed)  
  
522 W. Patterson St.  
\_\_\_\_\_  
Address  
  
Lakeland, FL 33803  
\_\_\_\_\_  
City, State & Zip  
  
863-825-5309  
\_\_\_\_\_  
Daytime Telephone number  
  
heather@criminalfamilylaw.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: Heather Bryan Law, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

522 W. Patterson St.

Lakeland, FL 33803

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

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

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Heather Bryan, President

Name and Title:

Address 522 W. Patterson St.

Address:

Lakeland, FL 33803

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: Heather Bryan \_\_\_\_\_

Address: 522 W. Patterson St. \_\_\_\_\_

Lakeland, FL 33803 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Heather Bryan \_\_\_\_\_

Address: 522 W. Patterson St. \_\_\_\_\_

Lakeland, FL 33803 \_\_\_\_\_

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**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 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*

Heather Bryan  
Required Signature/Registered Agent

2-27-17  
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.*

Heather Bryan  
Required Signature/Incorporator

\_\_\_\_\_  
Date