

P 17000032995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

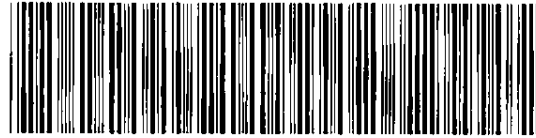
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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C. GOLDEN

APR 11 2017

2017 APR 11 PM 1:56

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 591966 7349547

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : April 10, 2017

ORDER TIME : 12:17 PM

ORDER NO. : 591966-005

CUSTOMER NO: 7349547

DOMESTIC FILING

NAME: KELLY LAW FIRM, P.A.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Kelly Law Firm, 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: J. Matthew Kelly

Name (Printed or typed)

902 South Florida Ave., Suite 101

Address

Lakeland, Florida 33803

City, State & Zip

352-874-2423

Daytime Telephone number

jkelly426@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: Kelly Law Firm, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

902 South Florida Ave.

Suite 101

Lakeland, Florida 33803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Law office

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: J. Matthew Kelly P, VP, T, S

Name and Title:

Address 902 South Florida Ave.

Address:

Suite 101

Lakeland, Florida 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: J. Matthew Kelly
Address: 902 South Florida Ave. Suite 101
Lakeland, Florida 33803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: J. Matthew Kelly
Address: 902 South Florida Ave. Suite 101
Lakeland, Florida 33803

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

J. Matthew Kelly 4/10/17
Required Signature/Registered Agent 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.

J. Matthew Kelly 4/10/17
Required Signature/Incorporator Date