

P/7000043405

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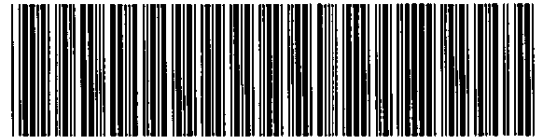
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 16 AM 9:43

FILED

W17-038762

05/17/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAY 11 2017

17 MAY 16 PM 12:26

RECEIVED
DIVISION OF CORPORATIONS

May 5, 2017

JOHN RAHAIM
4811 BEACH BLVD., STE. 204
JACKSONVILLE, FL 32207

SUBJECT: THE LAW OFFICE OF JOHN J. RAHAIM II, P.A.
Ref. Number: W17000038762

We have received your document for THE LAW OFFICE OF JOHN J. RAHAIM II, 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 017A00008893

COVER LETTER

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

SUBJECT: The Law Office of John J. Rahaim II, 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: John Rahaim

Name (Printed or typed)

4811 Beach Boulevard Suite 204

Address

Jacksonville, Florida 32207

City, State & Zip

(904) 399-8989

Daytime Telephone number

jrahaim@jaxlegalhelp.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: The Law Office of John J. Rahaim II, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4811 Beach Boulevard Suite 204
Jacksonville, FL 32207

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide legal representation for individuals in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John J. Rahaim II Name and Title:

Address 4811 Beach Boulevard Suite 204 Address:

Jacksonville, FL 32207

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED
17 MAY 16 AM 9:43
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

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: John J. Rahaim II _____

Address: 4811 Beach Boulevard Suite 204 _____

Jacksonville, FL 32207 _____

ARTICLE VII INCORPORATOR

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

Name: John J. Rahaim II _____

Address: 4811 Beach Boulevard Suite 204 _____

Jacksonville, FL 32207 _____

FILED
17 MAY 16 AM 9:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE: 5/1/2017

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



Required Signature/Registered Agent

4/28/17

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.



Required Signature/Incorporator

4/28/17

Date