

PI7000047115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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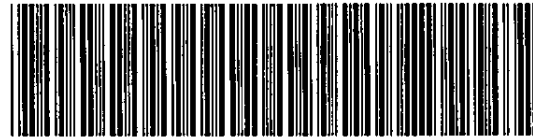
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/17--01009--002 **70.00

FILED
17 MAY 26 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/24/17

05/30/17

COVER LETTER

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

SUBJECT: Phillips & Hinton, 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: Maurice Hinton
Name (Printed or typed)
3500 North State Road 7, Suite 312
Address
Lauderdale Lakes, FL 33319
City, State & Zip
(954)733-8929
Daytime Telephone number
hintonlawgroup@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: Phillips & Hinton, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3500 North State Road 7

Suite 312

Lauderdale Lakes, FL 33319

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide the best legal services possible to our clients, in a timely manner and at a fair and reasonable cost.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael D.P. Phillips, President

Address: 3500 North State Road 7

Suite 312

Lauderdale Lakes, FL 33319

Name and Title: Maurice D. Hinton, Vice President

Address: 3500 North State Road 7

Suite 312

Lauderdale Lakes, FL 33319

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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17 MAY 26 AM 10:16
CLERK OF DISTRICT COURT
DADE COUNTY, 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: Maurice Hinton

Address: 3500 North State Road 7, Ste. 312

Lauderdale Lakes, FL 33319

ARTICLE VII INCORPORATOR

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

Name: Maurice Hinton

Address: 3500 North State Road 7, Ste. 312

Lauderdale Lakes, FL 33319

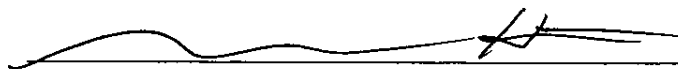
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/24/2017. (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

05/22/2017

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

05/22/2017

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA