

P170000069815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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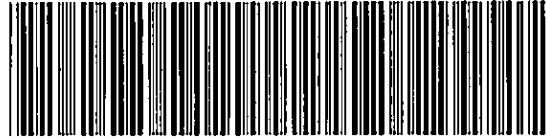
(Business Entity Name)

(Document Number)

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2017 AUG 18 PM 4:20
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08/21/17--01002--011 **70.00

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COVER LETTER

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

SUBJECT: Get Local Counsel, Inc.
(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
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 COPY REQUIRED

FROM: ADRIAN MIDDLETON
Name (Printed or typed)

1469 MARKET ST.
Address

TALLAHASSEE FL 32312
City, State & Zip

850-766-6825
Daytime Telephone number

for all billing@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: Get Local Counsel, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1469 MARKET ST.

Mailing address, if different is:

TALLAHASSEE FL 32312

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL BUSINESS.

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1000 - ANDY HAGAR - 5,000 shares
ARI JORDAN - 2,500 shares
ADRIAN MIDDLETON - 2,500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDY HAGAR / PRES Name and Title: _____

Address: 1469 MARKET ST. Address: _____
TALLAHASSEE FL 32312

Name and Title: ADRIAN MIDDLETON / DIR Name and Title: _____

Address: 1469 MARKET ST. Address: _____
TALLAHASSEE FL 32312

Name and Title: ARI JORDAN / DIR Name and Title: _____

Address: 1469 MARKET ST. Address: _____
TALLAHASSEE FL 32312

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: ADRIAN MIDDLETON, ESQ.

Address: 1469 MARKET ST.
TALLAHASSEE FL 32312

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIAN MIDDLETON, ESQ.

Address: 1469 MARKET ST.
TALLAHASSEE FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/18/17 (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

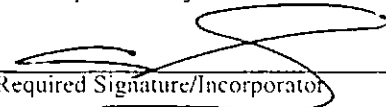


Required Signature/Registered Agent

8/18/17

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

8/18/17

Date