au090366

Office Use Only

M. MOON NOV 1 3 2017

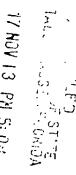


600305446826

500305446826 11/14/17--01001--003 **78.75

17 NOV 13 PH W 18

77 NOV 13 PH 5: 00



•	
CAPITAL CONNECTION, INC.	
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301	
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
	-
DAM J. TALLEY, P.A.	
	
	+
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	✓ Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitions Name
	Corp Record Search Officer Search Corp Record Search
	Officer Search
	Fictitious Search
ignature	Vehicle Search Vehicle Search
	Delvine Becord
	Driving Record
Requested by: BA	UCC 1 or 3 File
	UCC 11 Search

UCC 11 Retrieval_____

Courier____

Time

Date

Will Pick Up _____

Name

Walk-In

COVER LETTER

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

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 Filing Fee Filing Fee & Certificate of Status ■ S78.75 Filing Fee Filing Fee & Certificate of Status ■ ADDITIONAL COPY REQUIRED FROM: Adam Talley	SUBJECT: A	lam J.	Calley, P.A.	TT NAME - MUST INCL	IDE STIFFIK	
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status From: Adam Talley Name (Printed or typed) 900 S. Keene Rd. Address Clearwater, Florida 33756 City, State & Zip			(FROI OSED CORI OR	TE NAME - PAUSA MEET	ADH ANT THE	
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Adam Talley Name (Printed or typed) 900 S. Keene Rd. Address Clearwater, Florida 33756 City, State & Zip	Enclosed are an	origi	nal and one (1) copy of the art	ticles of incorporation and	l a check for:	٦
FROM: Name (Printed or typed)	=		Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
PROM:						
Address Clearwater, Florida 33756 City, State & Zip	FROM	Adan		e (Printed or typed)	· .	
Clearwater, Florida 33756 City, State & Zip		900 S	Keene Rd.			
City, State & Zip				Address		
City, State & Zip 813-600-8893 Daytime Telephone number adamtalleyconsulting@gmail.com E-mail address: (to be used for future annual report notification)		Clear	water, Florida 33756			•
Daytime Telephone number adamtalleyconsulting@gmail.com E-mail address: (to be used for future annual report notification)			City,	State & Zip		Z: 5'
Daytime Telephone number adamtalleyconsulting@gmail.com E-mail address: (to be used for future annual report notification)		813-6	00-8893			10N
E-mail address: (to be used for future annual report notification)		•				
E-mail address: (to be used for future annual report notification)		adamt				ۇ ر. ق
5. Signatural de la companya de la c Companya de la companya de la compa			E-mail address: (to be used	d for future annual report n	otification)	15:00

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)

Roosevelt Blvd	VCIPAL OFFICE Principal street address	Mailing addres	Mailing address, if different is: 900 S. Keene Rd.	
rwater, Florida 3	-	Clearwater, Florida 33756		
_	POSE the corporation is organized is:	ractice of personal injury and workers'	compensation law.	
	· 			
CLE IV SHAI	RES 1000 of stock is:			
umber of shares o	of stock is: AL OFFICERS AND/OR DIRECTOR Adam J. Talley President	<u>S</u>		
	IAL OFFICERS AND/OR DIRECTOR le: 4 Adam J. Talley President 900 S. Keene Rd.	Name and Title:		
umber of shares of ICLE V INITA Name and Tit	of stock is: AL OFFICERS AND/OR DIRECTOR Adam J. Talley President	Name and Title:		
umber of shares of ICLE V INITA Name and Tit	IAL OFFICERS AND/OR DIRECTOR le: Adam J. Talley President 900 S. Keene Rd. Clearwater, Florida 33756	Name and Title:		
Name and Tit Address	IAL OFFICERS AND/OR DIRECTOR le: Adam J. Talley President 900 S. Keene Rd. Clearwater, Florida 33756	Name and Title: Address: Name and Title:	H4 81 A01 Z.E	
Name and Title	IAL OFFICERS AND/OR DIRECTOR le: Adam J. Talley President 900 S. Keene Rd. Clearwater, Florida 33756	Name and Title: Address: Name and Title: Address:	17/10/13	
Name and Title Name and Title Address	Interpretation of stock is: All OFFICERS AND/OR DIRECTOR	Name and Title: Address: Name and Title: Address:	17 107 13 PH 5: 08	

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
			
			
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Adam J. Talley		. 5'
Address:	900 S Keene Rd.		17 NOV 13
	Clearwater, Florida 33756	<u> </u>	. I AC
			ν.
ARTICLE VII	INCORPORATOR		P.1
The name and a	address of the Incorporator is:		5: Vi
Name:	Adam J. Talley		ر من من من من
Address:	900 S. Keene Rd.		
	Clearwater, Florida 33756	_ 	
	EFFECTIVE DATE: 11/13/2017 f other than the date of filing:	(ORTIONAL)	
	date is listed, the date must be specific and	cannot be more than five days prior or	90 days after the
	e inserted in this block does not meet the apple effective date on the Department of State's re-		ate will not be listed as
	med as registered agent to accept service of p am familiar with and accept the appointment		
/	Will Millis	11/	13/2017
	Required Signature/Registered Ages	nt	Date
submit this doc	rument and affirm that the facts stated here.	n are true. I am aware that the false info	ormation submitted in a
	Department of State constitutes a third degree		
	W My	11/	13/2017
Requi	red Signature/Incorporator		Date

.