

P17000094073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

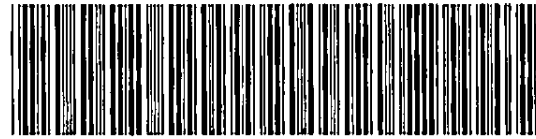
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500305815945

11/28/17--01009--029 **70.00

C RICO
NOV 27 2017

2017 NOV 27 10:30:27

COVER LETTER

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

2017 NOV 27 PM 3:12

SUBJECT: The Peters 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 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: Andrew Peters
Name (Printed or typed)
630 Adams Street, Suite 205
Address
Jacksonville, Florida 33204
City, State & Zip
(904) 923-6980
Daytime Telephone number
andrew.b.peters@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: The Peters Firm, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

630 Adams St., Ste. 205
Jacksonville, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of law

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Peters, President Name and Title: _____

Address: 630 Adams Street Address: _____
Suite 205
Jacksonville, FL 32204

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: Andrew Peters
Address: 630 Adams St., Ste. 205
Jacksonville, FL 32204

ARTICLE VII INCORPORATOR

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

Name: Andrew Peters
Address: 630 Adams St., Ste. 205
Jacksonville, FL 32204

2017 NOV 27 PM 2:02

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

[Signature]
Required Signature/Registered Agent

11/20/17
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.

[Signature]
Required Signature/Incorporator

11/20/17
Date

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 Peters Firm, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

630 Adams St., Ste. 205
Jacksonville, FL 33204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The practice of law

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Peters, President Name and Title: _____

Address: 630 Adams Street Address: _____

Suite 205

Jacksonville, FL 33204

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: Andrew Peters
Address: 630 Adams St., Ste. 205
Jacksonville, FL 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew Peters
Address: 630 Adams St., Ste. 205
Jacksonville, FL 32204

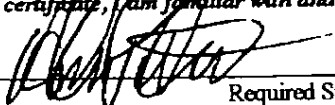
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

11/20/17
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

11/20/17
Date