

PI8000014482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

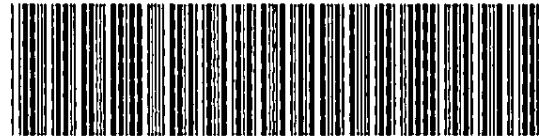
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 FEB 12 PM 5:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
FEB 14 2018

## COVER LETTER

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

SUBJECT: 360 LEGAL, 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      ☐ \$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: SCOTT D. FOELLER, ESQ.  
Name (Printed or typed)

201 FLETCHER AVE  
Address

SARASOTA, FL 34237  
City, State & Zip

941-955-7300 x203  
Daytime Telephone number

SDF@HODGESAVRUTIS.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: 360 LEGAL, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>201 FLETCHER AVE.</u>	<u></u>
<u>SUITE 202</u>	<u></u>
<u>SARASOTA, FL 34237</u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide professional services for the receivables management, recovery, and collection needs of businesses  
throughout the State.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>DAVID M. WEAVER, President</u>	Name and Title:	<u>SCOTT D. FOELLER, V.P.</u>
Address	<u>c/o HODGES AVRUTIS &amp; FOELLER</u>	Address:	<u>c/o HODGES AVRUTIS &amp; FOELLER</u>
	<u>201 FLETCHER AVE</u>		<u>201 FLETCHER AVE</u>
	<u>SARASOTA, FL 34237</u>		<u>SARASOTA, FL 34237</u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
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Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
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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: AVRUTIS & FOELLER, P.A.  
Address: 201 FLETCHER AVE  
SARASOTA, FL 34237

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**ARTICLE VII INCORPORATOR**

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

Name: Scott D. Foeller, Esq.  
Address: 201 Fletcher Ave.  
Sarasota, FL 34237

**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.)

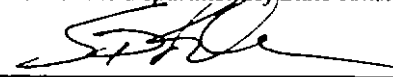
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2-8-18  
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

2-8-18  
Date