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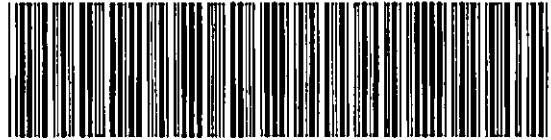
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Law Offices of Sonia C. Lawson, PA

(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: Sonia C. Lawson, Esq.

Name (Printed or typed)

PO BOX 10806

Address

Tampa, Florida 33679

City, State & Zip

813-221-8383

Daytime Telephone number

sonia@soniaclawson.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: Law Offices of Sonia C. Lawson, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
1002b S. Church Ave
Tampa, FL 33629

Mailing address, if different is:
PO BOX 10806
Tampa, FL 33679

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
business entity formed to engage in 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: Sonia C. Lawson, President
Address: PO BOX 10806
Tampa, FL 33679

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, 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: Rosemary Shackleford

Address: 1280 Eldridge Street

Clearwater, Florida 33755

ARTICLE VII INCORPORATOR

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

Name: Sonia C. Lawson

Address: PO BOX 10806

Tampa, FL 33679

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

Rosemary Shackleford

Required Signature/Registered Agent

May 4, 2018

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.

Sonia C. Lawson

Required Signature/Incorporator

May 4, 2018

Date