

P1800068648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

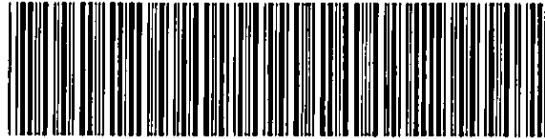
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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

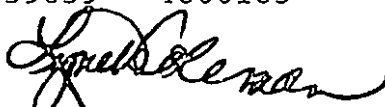
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FILING
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 339639 4800163

AUTHORIZATION :



COST LIMIT : \$ 87.50

ORDER DATE : August 9, 2018

ORDER TIME : 12:41 PM

ORDER NO. : 339639-005

CUSTOMER NO: 4800163

DOMESTIC FILING

NAME: BAKER MCKENZIE PROFESSIONAL
SERVICES FL P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

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18 AUG -9 AM 9:05
TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

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18 AUG -9 AM 9:05
SECRET
TALLAHASSEE

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

SUBJECT: Baker McKenzie Professional Services FL 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: Baker McKenzie Professional Services FL P.A.

Name (Printed or typed)

300 E. Randolph Street, Suite 4300

Address

Chicago, IL 60601

City, State & Zip

(312) 861-8000

Daytime Telephone number

henry.gron@bakermckenzie.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: Baker McKenzie Professional Services FL P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

300 E. Randolph Street, Suite 4300

Chicago, IL 60601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation is to provide professional legal services and to engage in any part of the world in any lawful act or activity for which professional service corporations may be organized under the Professional Service Corporation and Limited Liability Company Act of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 5,000 common, \$0.01 par value per share authorized.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward J. Zulkey, Director, Secretary and Treasurer

Address: 300 E. Randolph St., Suite 4300
Chicago, IL 60601

Name and Title: Peter J. Engstrom, Director, Chief Executive Officer and President

Address: Two Embarcadero Center, Suite 1100
San Francisco, CA 94111

Name and Title: Robert H. Moore, Vice President and Assistant Secretary

Address: 1111 Brickell Ave., Suite 1700
Miami, FL 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRET
FALL 1998

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: Corporation Service Company
Address: 1201 Hays St.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Robert J. Willson, Jr.
Address: 300 E. Randolph St., Suite 5000
Chicago, IL 60601

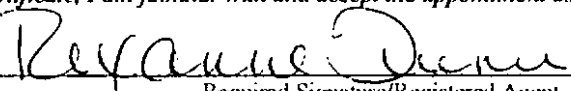
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

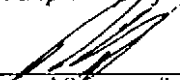
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 Roxanne Turner
Required Signature/Registered Agent Asst. Vice President 08/09/2018
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.


Required Signature/Incorporator

08/09/2018

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18 AUG -9 AM 9:05
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/09/2018 BY 60322