

P190000 81403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

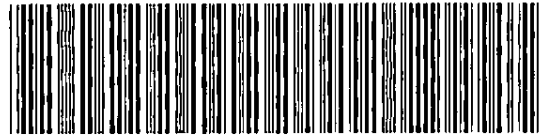
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300336533193

300336533193
11/04/19--01001--017 **87.50

19 NOV - 1 PM 4:21

FILED
2019 NOV - 1 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 1 2019
M. CULLIGAN

COVER LETTER

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

SUBJECT: ORRICK Litigation, 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: Judson H. ORRICK
Name (Printed or typed)

313 Judson St.
Address

Tallahassee FL 32303
City, State & Zip

850 - 225 - 5469
Daytime Telephone number

jorrick@equelslaw.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: DERRICK LITIGATION, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

313 Johnson St.
Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAW PRACTICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judson Derrick, Pres. Name and Title: _____

Address: 313 Johnson St. Address: _____

Tallahassee, FL
32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2019 NOV - 1 PM 4:37
CLERK OF STATE
TALLAHASSEE, FL 32309

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: Judson Overick

Address: 313 Johnson St.

Tallahassee FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Judson Overick

Address: 313 Johnson St.

Tallahassee FL 32303

FILED
2018 NOV - 1 PM 4:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/1/19 (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

Judson Overick
Required Signature/Registered Agent

11/1/19
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.

Judson Overick
Required Signature/Incorporator

11/1/19
Date