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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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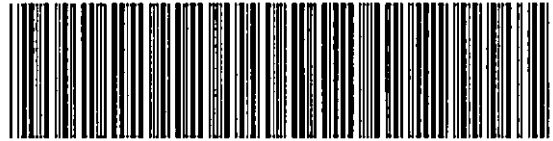
(Business Entity Name)

(Document Number)

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2020 DEC -4 AM 10:47  
W20000127730

Mr. Thompson,

Attached to this letter is the document I was sent with the corrections. If this is still not acceptable, please let me know by mail or by cell phone at 239-887-0969.

Thank you for your time; I hope you have a wonderful holiday season.

Robert Kennedy  
239-887-0969  
rjk@robertjkennedylaw.com

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2020 DEC -4 AM 10:47

U.S. DISTRICT COURT  
SOUTHERS DISTRICT OF FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2020

ROBERT KENNEDY  
13545 EAGLE RIDGE RD., 814  
FORT MYERS, FL 33912

*Please See  
Corrections*

SUBJECT: THE LAW FIRM OF ROBERT J. KENNEDY, P.A.  
Ref. Number: W20000127730

We have received your document for THE LAW FIRM OF ROBERT J. KENNEDY, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

If you have any further questions concerning your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II  
New Filing Section

Letter Number: 420A00022191

2020 DEC -4 AM 10:47

FILED

2020 DEC -4 AM 11:38

## COVER LETTER

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

SUBJECT: The Law Firm of Robert J. Kennedy, 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      ☐ \$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: Robert Kennedy  
Name (Printed or typed)

13545 Eagle Ridge Rd # 814  
Address

Fort Myers, FL 33912  
City, State & Zip

239-887-0969  
Daytime Telephone number

rk@robertjkennedylaw.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles**

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2020 DEC -4 AM 10:47  
TALLAHASSEE, FL 32314

**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 Law Firm of Robert J. Kennedy, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

13545 Eagle Ridge Dr. #814  
Fort Myers FL 33912

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide legal services  
to the citizens of Southwest Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Robert Kennedy ~~attorney~~ Name and Title: \_\_\_\_\_

Address: 13545 Eagle Ridge Dr. Address: \_\_\_\_\_

#814

Fort Myers FL 33912

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2020 DEC -4 AM 10:47  
CLERK OF CIRCUIT COURT  
IN 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: Robert Kennedy  
Address: 13545 Eagle Ridge Dr  
#1814 Ft. Myers FL 33912

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2020 DEC -4 AM 10:47  
TALLAHASSEE, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Robert Kennedy  
Address: 13545 Eagle Ridge Dr  
#1814 Ft Myers FL 33912

**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

10/18/20  
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

10/18/20  
Date