

To:

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From: Yanet Avila

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FLORIDA PROFIT/NON PROFIT CORPORATION
BARRY SHEVLIN ATTORNEY AT LAW, PA

Certificate of Status	0
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Help

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: BARRY SHEVLIN ATTORNEY AT LAW, PA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1111 KANE CONCOURSE STE 619
BAY HARBOR ISLANDS, FL 33154-204

Mailing address, if different is:
1111 KANE CONCOURSE STE 619
BAY HARBOR ISLANDS, FL 33154-204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE NATURE OF BUSINESS IS LAW PRACTICE

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARRY SHEVLIN - P

Name and Title:

Address 1111 KANE CONCOURSE
STE 619

Address:

BAY HARBOR ISLANDS, FL 33154-204

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2022 JUN 14 AM 12:42
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TALLAHASSEE, FL 09101

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BARRY SHEVLIN
Address: 1111 KANE CONCOURSE
STE 619
BAY HARBOR ISLANDS, FL 33154-204

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: BARRY SHEVLIN
Address: 1111 KANE CONCOURSE
STE 619
BAY HARBOR ISLANDS, FL 33154-204

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.)

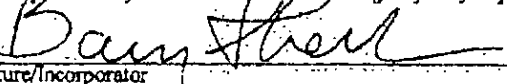
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/14/22
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

6/14/22
Date

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