P22000092437

| · | (Requestor's Name) | | | | |
|--|--------------------------|--|--|--|--|
| | (Address) | | | | |
| (Address) | | | | | |
| | (City/State/Zip/Phone #) | | | | |
| PICK-UI | P WAIT MAIL | | | | |
| | (Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



200398238752

12/07/22--01001--023 **70.00

TALLAHASSEE, FLORE

RECEIVED

SECTEMBAY OF SHARE DIVISION OF C. AM 9: 06

COVER LETTER

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

| SUBJECT: LWR L | aw Firm, P.A. | | |
|----------------------|--|---------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| Enclosed are an orig | ginal and one (1) copy of the art | ticles of incorporation and | l a check_for: |
| | □ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate o Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | | |
| FROM: La | ndon Rav | | |
| PROM. <u>20</u> | | e (Printed or typed) | |
| 113 | 35 Kane Concourse, 5th Floor | | |
| | | Address | |
| Ва | y Harbor Islands, FL 33154 | * | |
| | City. | . State & Zip | |
| 305 | 5-905-3131 | | |
| | Daytime 1 | elephone number | |
| Lan | don@windlawgroup.com | | |

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

E-mail address: (to be used for future annual report notification)





December 7, 2022

CORPORATE ACCESS, INC.

SUBJECT: LANDON RAY, P.A. Ref. Number: W22000150536

We have received your document for LANDON RAY, P.A.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000249516.

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

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 722A00027160



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corporation shall be: LWR Law | Firm, P.A. | |
|---|-----------------------------------|-----------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address 1135 Kane Concourse, 5th Floor | Mailing address, if different is: | |
| Bay Harbor Islands, FL 33154 | | |
| | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized | zed is: the practice of law | |
| | | ·, |
| | 22 DF | DIVISIO 35 |
| - | C 13 | 選択 <u>タカ</u> かり |
| <u> </u> | | <u> </u> |
| ARTICLE IV SHARES The number of shares of stock is: 1 | 9: 0 f | |
| ARTICLE VINITIAL OFFICERS AND/OR | DIRECTORS | |
| Name and Title: | Name and Title: | |
| Address | Address: | |
| | | |
| Name and Title: | Name and Title: | |
| | Address: | |
| | | |
| Name and Title | No. 1971 | |
| | Name and Title: | |
| Address | Address: | |
| | | |
| | | |

| Name an | d Title: | Name and Title: | |
|---|--|---|---------------------------------------|
| Address | | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o | f the registered agent is: | |
| Name: | Landon Ray | _ | 22 |
| Address: | 1135 Kane Concourse, 5th Floor | _ | er číslov 22 DEC |
| | Bay Harbor Islands, FL 33154 | | <u></u> |
| ARTICLE VII | INCORPORATOR | | AH 9: |
| The name and ad | dress of the Incorporator is: | | 90 :6 9: 06 |
| Name: | Landon Ray | _ | ., |
| Address: | 1135 Kane Concourse, 5th Floor | _ | |
| | Bay Harbor Islands, FL 33154 | _ | |
| Effective date, if (If an effective d filing.) Note: If the date | EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot inserted in this block does not meet the applicable ffective date on the Department of State's records. | statutory filing requirements, th | · |
| Having been nam certificate, I am fo | ed as registered agent to accept service of process f amiliar with and accept the appointment as register | for the above stated corporation at red agent and agree to act in this | the place designated in this capacity |
| -8 54 | J-4/2 | | 12/13/22 |
| | Required Signature Registered Agent | | Date |
| | ument and affirm that the facts stated herein are Department of State constitutes a third degree felon | | |
| Required Signatu | re/Incorporator | Date | 12/13/22 |
| | | Date | |