Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168 Phone : (727)322-0909

Fax Number : (727)610-8595

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVID Q DAVID HASTING SCPA . NET

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FLORIDA PROFIT/NON PROFIT CORPORATION HODSON LAW FIRM, PA

Certificate of Status	1 1
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Electronic Filing Menu

Corporate Filing Menu

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: TOGSON A	W FIRM, PA		
ARTICLE II PRINCIPAL OFFICE Principal street address 1000 STH St Suite 220 THYSSEN BUILDING	Mailing address	, if different is:	
Miami Beach F1 33139			
ARTICLE III FURPOSE  The purpose for which the corporation is organized is: 10 0	ELATIE 4 LAW FIRM		
			_
ARTICLE IV SHARES The number of shares of stock is: \OCO	<del></del>		
Name and Title: DONAD HODSON PAGE	SSERame and Title:		
Address 1000 5TH St- SUAZ 2	Address:		
THYSESH BULLDING MIAMI BEACH, 71 32	139		
Name and Title:	Name and Title:		
Address	Address:		
Name and Title:	Name and Title:	<u> </u>	
Address		<u> </u>	2029 AUG 23 Pri No 2
		•-	<u> </u>
			$\sim$

MONIQUE, ANDSWOODS. (in

Name and Title:	Name and Title:		
Address	Address:		<del></del>
			<del></del>
	. Box NOT acceptable) of the registered agent	is:	
me: DAVID CHAI	MIRS CPA PM		
iress: 2207 54 +11 5	+5		
GULFI-ORT	7175 CPA, PM +5 7173707		
TICLE VII INCORPORATOR			
name and address of the incorporator			
	TASTINGS.		
	15+ <		
Compressit	(24 3570)		
TICLE VIII EFFECTIVE DATE: ective date, if other than the date of fili an effective date is listed, the date ming.)	ng: (OPT ust be specific and cannot be more than five	TONAL) e days prior or S	90 days after the
te: If the date inserted in this block do document's effective date on the Depa	es not meet the applicable statutory filing requ rtment of State's records.	irements, this da	ne will not be listed as
	accept service of process for the above stated co the appointment as registered agent and agree t		
Required Signà	~ ``		8/23/23
Required Signa	nure/Registered Agent		Date
abmit this document and affirm that t	he facts stated herein are true. I am aware th titutes a third degree felony as provided for in s		rmation submitted in a
LAAnsta	<u>.</u>		8/23/23_
quired Signature/Incorporator	3	Date	11.
			AU
			<b>023 A</b> UJ 23
			· •
			FK 10: 2

## 923300061963

August 23, 2023

## Via Fax

Department of State
Division of Corporations
Section: Corporate Filings
P.O. Box 6327'
Tallahassee, Florida 32314

Re: Hodson Law Firm, PLLC | Releasing Name

Dear Sir/Madam:

Sincere(y

I am releasing the name "Hodson Law Firm, PLLC" (Doc. L16000165222) effective immediately and forming a new entity under the name "Hodson Law Firm, PA".

DONALD JHODSON

STATE OF FLORIDA

COUNTY OF RHENAS

THEREBY CERTIFY that the foregoing instrument was acknowledged before me this <u>3</u> day of August 2023 by Donald J. Hodson ("Afflant") who is personally known to me and otherwise produced a Florida's driver license as verification of his identity and who, after being duly sworn, attested under oath to the truth and accuracy of the information therein.

DAVID C. HASTINGS Notary Public

My Commission Expires:

STATE OF FLORIDA (SEAL)

DAVID C MASTINGS

Notary Public - State of Florida

Commission # HH 124040

My Comm. Expires Jun 6, 2025

Bonded through National Notary Assn.

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