

P95000061968

TRANSMITTAL LETTER

95 AUG 15 AM 9:37

STATE
CLERK'S OFFICE

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

8000001501213
-00715/05--01109--002
++++78.75 +++++00.75

SUBJECT: C. Jivan Turna, Esq., P. A.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required
•

FROM: C. Jivan Turna
Name (printed or typed)

10112 Tarragon Drive
Address

Riverview, FL 33569
City, State & Zip

(813) 677-7372
Daytime Telephone number

GH:
8/1/95

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

10112 Tarragon Drive
Riverview, Florida 33569

August 8, 1995

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

Dear Division of Corporations:

Enclosed please find Articles of Incorporation for C. Jivan Turna, Esq., P.A., along with a check in the amount of \$78.75 for filing fee and designation of registered agent.

Also enclosed is a extra photocopy of the Articles. Please return this to me with the filing date stamped on it.

Thank you,

C. Jivan Turna

C. Jivan Turna

ARTICLES OF INCORPORATION

Professional Association

95 AUG 15 AM 9:37

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: C. Jivan Turna, Esq., P.A.

ARTICLE II PURPOSE

The purpose for which this corporation is organized is to engage in all aspects of the practice of law and its fields of specialization. The corporation shall render professional services only through its legally authorized officers, agents and employees.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
3502 Henderson Boulevard, Suite N
Tampa, Florida 33609

ARTICLE IV SHARES

The corporation shall have the authority to issue ten thousand (10,000) shares of common stock, in one class only, each has a par value of \$0.001.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

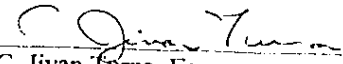
C. Jivan Turna, Esq.
3502 Henderson Boulevard, Suite N
Tampa, Florida 33609

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

C. Jivan Turna, Esq.
3502 Henderson Boulevard, Suite N
Tampa, Florida 33609

The undersigned incorporator has executed these Articles of Incorporation this eight (8) day of August, 1995.


C. Jivan Turna, Esq.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

05 AUG 15 AM 9:37

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 617.05(1), FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

C. JIVAN TURNA, ESQ., P.A.

2. The name and address of the registered agent and office is:

C. Jivan Turna, Esq.
3502 Henderson Boulevard, Suite N
Tampa, Florida 33609

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C. Jivan Turna
C. Jivan Turna, Esq.

August 8, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

Office of Corporations

FILED

96 SEP 23 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000061968**

C. JIVAN TURNA, ESQ., P.A.

Principal Office Address

3502 HENDERSON BLVD. SUITE N
TAMPA FL 33609

Adding Office

3502 HENDERSON BLVD. SUITE N
TAMPA FL 33609



If above address are incorrect in any way, use through incorrect information and enter correction below

1. New Principal Office Address, If Applicable

2. New Adding Office Address, If Applicable

6544 N. U.S. Hwy 41, Ste 208B
Apollo Beach FL
33572 USA

6544 N. U.S. Hwy. 41, Ste 208B
Apollo Beach FL
33572 USA

4. Date Incorported or Qualified
to Do Business in Florida

08/15/1995

5. FID Number
59-3344509

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Each Officer and Director of Florida nonprofit corporations must list at least 3 directors

Title

Name of Officer
and/or Director

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Number)

City / State / Zip

President

Jivan Turna

10112 Tammagun Dr. Riverview, FL

Riverview FL 33569

2000091870582
-10/10/96--01054--022
***375.00 ***375.00

8. Name and Address of Current Registered Agent

TURNA, C. JIVAN ESQ.
3502 HENDERSON BLVD, SUITE N
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name

Turna, C. Jivan Esq.

Street Address (P.O. Box Number is Not Acceptable)

6544 N. U.S. Hwy 41, Suite 208B

Suite 208B

Apollo Beach

State Zip Code

FL 33572

Signature of
Registered Agent

C. Jivan Turna Esq.

REGISTERED AGENT MUST SIGN

Date 9.14.96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax)

12. I, the undersigned, certify that the information provided in this application is true and correct to the best of my knowledge and belief. I further certify that when filing this application, I have paid the required fee for the filing of this application and that the information provided in this application is true and correct to the best of my knowledge and belief. I understand that if I provide false information, I may be subject to criminal and civil penalties. I understand that if I provide false information, I may be subject to criminal and civil penalties. I understand that if I provide false information, I may be subject to criminal and civil penalties.

SIGNATURE:

C. Jivan Turna Esq.

C. Jivan Turna, Esq.

9.14.96 (813) 645-4439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #