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COVER LETTER

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

SUBJECT: Monal Oza Zipper, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Monal Oza Zipper
Name (Printed or typed)

4260 NE 22 Terrace
Address

Lighthouse Point, Florida 33064
City, State & Zip

305-505-2028
Daytime Telephone number

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

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

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: Monal Oza Zipper, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4260 NE 22 Terrace
Lighthouse Point, FL 33064

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- a) To engage in the practice of law as a professional law corporation and to carry on services incident to the practice of law.
- b) To own property, enter into contracts, and to carry on any business necessary or incidental to the accomplishment or furtherance of the purposes of this corporation.

ARTICLE IV SHARES

The number of shares of stock is: This corporation shall have the authority to issue 100,000 shares of common stock, in one single class, and shall have a par value of one cent.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: <u>Monal Oza Zipper, Esq. - President</u>	Address: _____
<u>4260 NE 22 Terrace</u>	_____
<u>Lighthouse Point, FL 33064</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Monal Oza Zipper, Esq.
Address: 4260 NE 22 Terrace
Lighthouse Point, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monal Oza Zipper, Esq.
Address: 4260 NE 22 Terrace
Lighthouse Point, FL 33064

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

[Signature] Required Signature/Registered Agent 3/10/11 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.

[Signature] Required Signature/Incorporator 3/10/11 Date

ARTICLES OF INCORPORATION FOR MONAL OZA ZIPPER, P.A.

ARTICLE VIII EFFECTIVE DATE

These Articles of Incorporation shall be effective as of **Monday, March 7, 2011.**



MONALOZA ZIPPER, ESQ.

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FLORIDA
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