

P140000/0546

(Requestor's Name)

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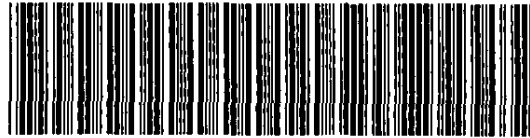
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

14 JAN 29 AM 11:05

11:05 AM

*W* 02/05/14

**COVER LETTER**

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

**SUBJECT:** The Law Offices Of Morales Cannon & Associates 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

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Maria J Morales  
Name (Printed or typed)

6547 SW 24 Street  
Address

West Miami, Florida 33155  
City, State & Zip

(786) 401 6837  
Daytime Telephone number

mjm9498@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: The Law Offices Of Morales Cannon & Associates P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6547 SW 24 Street

West Miami, Florida

33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For the practice of law.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maria J Morales Esq.

Name and Title: \_\_\_\_\_

Address 1617 Madrid Street

Address: \_\_\_\_\_

Coral Gables, FL

33134

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
14 JAN 29 AM 11:05  
TALLAHASSEE, FL 32304

(conti.)

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: Maria J Morales  
 Address: 1617 Madrid street  
Coral Gables, FL 33134

RECORDED STATE  
 TALLAHASSEE, FLORIDA  
 14 JAN 29 AM 11:05

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria J Morales  
 Address: 1617 Madrid street  
Coral Gables, FL 33134

*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*

*Maria J Morales*  
 Required Signature/Registered Agent

01/24/2014  
 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.*

*Maria J Morales*  
 Required Signature/Incorporator

01/24/2014  
 Date