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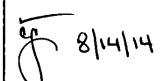
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TALLANDASSEE, FLORIDA



COVER LETTER

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

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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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August 1, 2014

SARAH E. FLORES 401 WESTMINISTER STREET ORLANDO, FL 32803

SUBJECT: LAW OFFICE OF SARAH E. FLORES, P.A.

Ref. Number: W14000047258

We have received your document for LAW OFFICE OF SARAH E. FLORES, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 214A00016539

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

The name of the corporation shall be:	ow Office	e CF Sarah	E.Flores, P
ARTICLE II PRINCIPAL OFFIC		Mailing ag	ldress, if different is:
		Samh	FIORS
901 Westminst	2202	<u> </u>	
Unianab IFC	<u> 29072 </u>	PO BOX	
•		Orlando	, FL 32854
ARTICLE III PURPOSE The purpose for which the corporation is	organized is: Pro	vide Lega	1 Services
			TALLANA SEGRETA
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICER	50 RS AND/OR DIRECTOR	<u></u>	FILED 6 II PN 3 48 ASSEE PLOADA
Name and Title: Scrow	E. Flores	Name and Title:	<u> </u>
	orlando, R		
Name and Title:		Name and Title:	
Name and Title:		Name and Title:	
		Address:	

Name and T	itle: Name and Title:
Address	Address:
	REGISTERED AGENT
The name and Flor	da street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Fermin Lopez
Address:	301 North Orange Avenue Ste. 830 Orlando, FL 32301
ARTICLE VII	NCORPORA TOR
The <u>name and addr</u> Name: Address:	Surah E, FIDTES 401 Westminster Street Orlando, FC 3280 3
	as registered agent to accept service of process for the above stated corporation at the place designated in familiar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent Date
	vent and affirm that the facts stated herein are true. I am aware that the false information submitted in a partment of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Required Signature/Incorporator Date

