Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000076849 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

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

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION VERONIQUE C. LUCES OTR/L, P.A.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 14694451465 Date: 03/06/19 Time: 1:51 PM Page: 02/03

(((H190000768493)))

## (((1119000076849.3

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

ARTICLE I NAME VERONIQUE C. LUCES OTR/L, P.A. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 8405 Menieith Terrace Miami Lakes, Florida 33016 ARTICLE III PURPOSE The purpose for which the corporation is organized is: AB legal purposes ARTICLE IV SHARES ARTICLE IV SHARES
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Veronique C. Luces, President Name and Title: Name and Title: 8405 Menteith Terrace \_ Address: Address Mianu Lakes, Florida 33016 Name and Title:\_ Name and Title: Address \_\_\_\_ Address: Name and Title:\_\_\_\_\_\_\_\_ Name and Title:\_\_\_\_\_\_\_ \_\_\_\_\_ Address: Address

To: 18506176381 From: 14694451465 Date: 03/06/19 Time: 1:51 PM Page: 03/03

(((H190000768493)))

Name a	nd Title:	Name and Title:			
Addres	<u> </u>				
•					
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:			
Name:	Peter R. Abesada, Esq.				
Address:	3676 SW 2nd Street	<u></u>			
7,4761,634,	Miami, Florida 33135	_			
		_			
ARTICLE VII	INCORPORATOR				
The <u>name and</u>	address of the Incorporator is:				
Name:	Veronique C. Luces	_			
Address:	8405 Menteith Terrace	_			
	Miami Lakes, Florida 33016	_			
ARTICLE VII.	I EFFECTIVE DATE: if other than the date of filing:	(CPTCNAL)			
(If an effective filing.)	e date is listed, the date must be specific and cann	of he more than five days prior or 90 days after the			
	nte inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this date will not be listed as			
Having been n this certificate,	named as registered agent to accept service of proce. I any familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity			
	Required Signature/Registered Agent	3/06/15 Date			
	locument and affirm that the facts stated herein ar of Department of State constitutes a third degree feld	e true. I am aware that the false information submitted in a ony as provided for in s.817,155, F.S.			
	trek Chesenda	3/06/19			
Red	mired Signature/Incorporator	/ Dute			