

P04000117052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

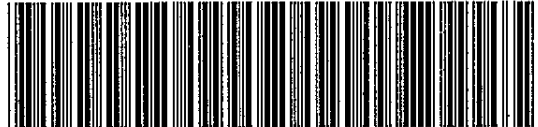
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/11/04--01035--009 **78.75

04 AUG 11 PM 2:05
SECTION 11
DIVISION

TRANSMITTAL LETTER

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

SUBJECT: LAW OFFICES OF OLGA E. PARRA, 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: Michele Mueller

Name (Printed or typed)

1926 10th Ave North, Suite 400

Address

Lake Worth, FL 33461

City, State & Zip

561-540-6224 x126

Daytime Telephone number

04 AUG 11 PM 2:05
SECRET
DIVISION OF CORPORATIONS

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:

Law Offices of Olga E. Parra, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1926 10th Avenue North, Suite 400
Lake Worth, FL 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any lawful business for which corporations may be incorporated under the Florida General Corporations Act and for the purpose of providing legal services.

ARTICLE IV SHARES

The number of shares of stock is:

100 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Olga E. Parra, Director, President, Secretary
1926 10th Avenue North, Suite 400
Lake Worth, FL 33461

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

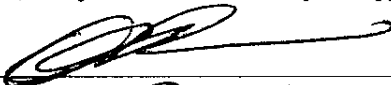
Olga E. Parra
1926 10th Avenue North, Suite 400
Lake Worth, FL 33461

ARTICLE VII INCORPORATOR

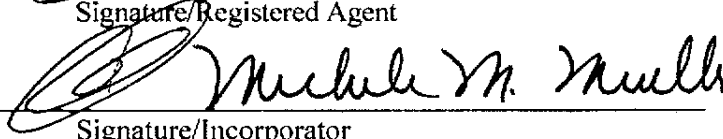
The name and address of the Incorporator is:

Michele M. Mueller
1926 10th Avenue North, Suite 400
Lake Worth, FL 33461

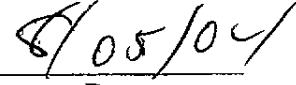
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



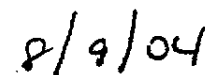
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECTION 1
DIVISION 1
CORPORATION