

P04000117714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

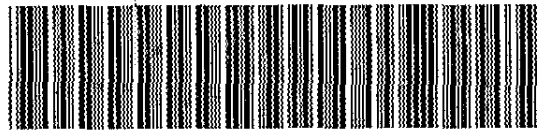
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 12 PM 3:00

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TRANSMITTAL LETTER

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

SUBJECT: Hector Alvarez III, 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: Hector Alvarez

Name (Printed or typed)

350 Menores Ave.

Address

Coral Gables, FL 33134

City, State & Zip

305 774-9797

Daytime Telephone number

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:

Hector Alvarez III, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

320 Menores Ave.
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the practice of 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):

Hector Alvarez III, 320 Menores Ave, Coral Gables, FL 33134
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

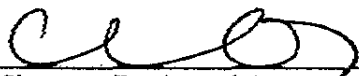
Hector Alvarez III
320 Menores Ave
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hector Alvarez III
320 Menores Ave
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



Signature/Registered Agent



Signature/Incorporator

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 12 PM 3:00

Date

Date