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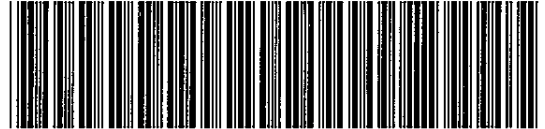
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**LAZARUS CORPORATE FILING SERVICE**

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**MIAMI, FLORIDA (305)552-5973**

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. WILLIAM HERRERA P.A.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
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AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 13, 2005

LAZARUS

SUBJECT: WILLIAM HERRERA P.A.  
Ref. Number: W05000018688

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OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 15 2005

We have received your document for WILLIAM HERRERA P.A. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the 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) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filings Section

Letter Number: 705A00025261

**ARTICLES OF INCORPORATION  
OF**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

**ARTICLE I NAME**

The name of the corporation shall be: *WILLIAM HERRERA & ASSOCIATES P.A.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*887 NW 123 AVE.  
MIAMI FL. 33182*

**ARTICLE III PURPOSE**

The purpose of this corporation shall be:

*REAL ESTATE*

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorize to have outstanding is:

*100*

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

*William HERRERA  
887 NW 123 AVE.  
MIAMI FL. 33182*

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TALLAHASSEE, FLORIDA

**ARTICLE VI BOARD OF DIRECTOR (S)**

The name and address of the initial board of director(s) shall be:

PRESIDENT : WILLIAM HERRERA  
887 NW 123 AVE  
MIAMI FL. 33182

**ARTICLE VII OFFICER (S)**

The name, title and address of the officer(s) of this corporation shall be:

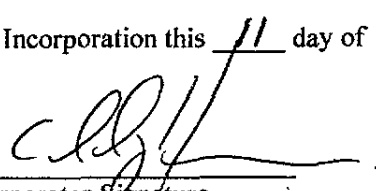
WILLIAM HERRERA  
887 NW 123 AVE.  
MIAMI FL. 33182

**ARTICLE VIII INCORPORATOR (S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

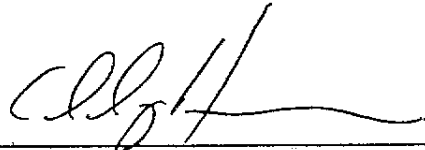
WILLIAM HERRERA  
887 NW 123 AVE.  
MIAMI FL. 33182

The undersigned has (have) executed these Articles of Incorporation this 11 day of  
APRIL, 20 05.

  
Incorporator Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,  
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.**



**REGISTERED AGENT SIGNATURE**

**FILED**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**