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(Requestor's Name) (Address) (Address)	200064361722
(City/State/Zip/Phone #)	M;/24,/0601040017 ★★87.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 06 JAN 24 AM 7: 38 SECRETATION OF STATE FALLANASSEE, FLORIDA

Office Use Only



### **COVER LETTER**

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

# SUBJECT: Laura Cava, 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:

Filing Fee

S78.75 Filing Fee & Certificate of Status



FROM: Laura Cava, P.A.

Name (Printed or typed)

11924 Forest Hill Blvd., Suite # 4 =

Wellington, FL 33414

City, State & Zip

561-602-6075

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:

Laura Cava, PA

# ARTICLE IIPRINCIPAL OFFICEThe principal place of business/mailing address is:11924 Forest Hill Blvd., Suite 4, Wellington, FL 33414

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tax benefits

## ARTICLE IV SHARES

The number of shares of stock is: 10

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Laura Cava, President 11924 Forest Hill Blvd., Suite 4 Wellington, FL 33414

# ARTICLE VI REGISTERED AGENT

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

Laura Cava 11924 Forest Hill Blvd., Suite 4 Wellington, FL 33414

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laura Cava 11924 Forest Hill Blvd., Suite 4, Wellington, FL 33414

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

Date

Signature/Incorporator