708000016/47

(Requestor's Name)
(Address)
•
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.
·
·

Office Use Only

W08000005879



100116411221

02/01/08--01016--002 **78.75

SECRETARY OF STAIL DIVISION OF CORPORATION

Ep 2/01/08



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2008

YOLANDA MORALES 300 ARAGON AVENUE, SUITE 250 CORAL GABLES, FL 33134

SUBJECT: YOLANDA MORALES, P.A.

Ref. Number: W08000005879

We have received your document for YOLANDA MORALES, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return the corrected 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) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 108A00007261

OR FEB 13 AM 8: OC

COVER LETTER

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

SUBJECT:	YOLANDA MORALES, P.A.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
· FROM:	Yolanda Morales			
	Name (Printed or typed)			
	300 Aragon Avenue, Suite 250			
		ddress		
	Coral Gables, FL 33134 City, State & Zip			
	305 461 1789	· .		
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:

YOLANDA MORALES, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

300 Aragon Avenue, Suite 250, Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Specific purpose for a "Professional Corporation": to provide legal services

ARTICLE IV SHARES

The number of shares of stock is:

500 \$1.00 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yolanda Morales 300 Aragon Avenue, Suite 250 Coral Gables, FL 33134

President/Secretary/Treasurer and Director

EFFECTIVE DATE 1/30/08

ARTICLE VI REGISTERED AGENT

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

Yolanda Morales, 300 Aragon Avenue, Suite 250, Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Yolanda Morales, 300 Aragon Avenue, Suite 250, Coral Gables, FL 33134

ARTICLE VII: The effective date shall be January 30, 2008.

certificate A am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

01/30/08

Date

01/30/08

Date

EFFECTIVE DATE 1/30/03

DIVISION OF CORPORATIONS