

PO 90000014492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

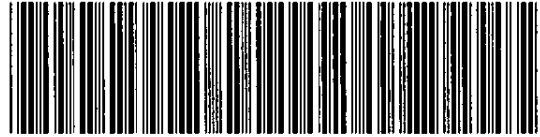
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900143049939

02/13/09--01023--003 \*\*70.00

FILED  
09 FEB 13 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
2/16

COVER LETTER

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

SUBJECT: Amarilis E. Adorno, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                 & Certificate of  
                                 Status  
**ADDITIONAL COPY REQUIRED**

FROM: Amarilis E. Adorno  
Name (Printed or typed)

1000 Brickell Ave, Suite 1005  
Address

Miami, FL 33131  
City, State & Zip

(305) 381-9999  
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)

**FILED**

09 FEB 13 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Amarilis E. Adorno, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1000 Brickell Avenue, Suite 1005  
Miami, FL 33131

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide legal services

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Amarilis E. Adorno  
1000 Brickell Avenue  
Suite 1005  
Miami, FL 33131

**ARTICLE VI REGISTERED AGENT**

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

Amarilis E. Adorno  
1000 Brickell Avenue, Suite 1005  
Miami, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Amarilis E. Adorno  
1000 Brickell Avenue Suite 1005  
Miami, FL 33131

\*\*\*\*\*

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

2/12/09

Date

2/12/09

Date